

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814

October 12, 1994

ALL-COUNTY LETTER NO. 94-87

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY GAIN COORDINATORS

<u>Reason for this Transmittal</u>	
<input type="checkbox"/>	State Law Change
<input type="checkbox"/>	Federal Law Change
<input type="checkbox"/>	Court Order
<input type="checkbox"/>	Clarification Requested by One or More Counties
<input checked="" type="checkbox"/>	Self-Initiated by SDSS

SUBJECT: FINAL CAL-LEARN FORMS AND NOTICES OF ACTION

REFERENCE: ALL-COUNTY LETTER 94-16

HANDBOOK: THIS LETTER CONTAINS INFORMATION UPDATING THE AFDC
NOTICE OF ACTION HANDBOOK

This letter is to transmit reproducible copies of the final Cal-Learn forms and notices of action (NOA) which are necessary to implement the Cal-Learn provisions of Senate Bill (SB) 35 (Chapter 69, Statutes of 1993) and SB 1078 (Chapter 1252, Statutes of 1993).

Camera-ready copies of the forms will be automatically provided in Spanish, Cambodian, Chinese, Lao and Vietnamese as soon as they are available. Translated NOAs are issued to County Forms Coordinators by means of CDSS Language Services Bureau monthly letters.

The forms enclosed with this ACL are being designated as follows:

Required Form - No Substitute Permitted. Forms in this category are required and cannot be modified or reconstructed. However, overprinting is permitted.

Required Form - Substitutes Permitted with Prior State Approval. Forms in this category are required forms for which modifications or substitutions with prior State approval are permitted. The CWDs/agencies may modify these forms to add or obtain information that does not 1) conflict with program policy/regulations; or 2) change the legal content of the form.

CAL-LEARN PROGRAM

REPRODUCIBLE COPIES OF FORMS

These forms are to be used for the Cal-Learn Program and have been modeled after GAIN forms.

1. CL 1 (4/94) CAL-LEARN REGISTRATION/PROGRAM
INFORMATION/ORIENTATION APPOINTMENT NOTICE
2. CL 2 (4/94) CAL-LEARN PROGRAM REQUIREMENTS
3. CL 3 (4/94) CAL-LEARN NOTICE OF A PARTICIPATION PROBLEM
4. CL 4 (4/94) CAL-LEARN INFORMING NOTICE TO PARENT/LEGAL
GUARDIAN OF CAL-LEARN PARTICIPANT
5. CL 5 (4/94) CAL-LEARN SUPPORTIVE SERVICES OVERPAYMENT
NOTICE
6. CL 6 (4/94) CAL-LEARN SUPPORTIVE SERVICES REPAYMENT
AGREEMENT
7. CL 7 (4/94) CAL-LEARN SUPPORTIVE SERVICES OVERPAYMENT FINAL
NOTICE
8. CL 8 (4/94) CAL-LEARN NOTICE OF REPORT CARD SUBMITTAL
SCHEDULE
9. CL 9 (4/94) CAL-LEARN NOTICE OF NO GOOD CAUSE DETERMINATION
10. CL 10 (4/94) CAL-LEARN NOTICE OF EXEMPTION/DEFERRAL
11. CL 11 (4/94) CAL-LEARN NOTICE OF INCOMPLETE GRADES
12. NA CL BACK (4/94) CAL-LEARN HEARING RIGHTS

CAL-LEARN REGISTRATION/PROGRAM INFORMATION/ ORIENTATION APPOINTMENT NOTICE

DATE:

CASE NAME:

CASE NUMBER:

PHONE NUMBER:

REGISTRANT'S NAME:

EXPLANATION OF THE CAL-LEARN PROGRAM

The Cal-Learn Program is designed to encourage and assist teen parents to stay in or return to school.

REGISTRANT

You have been registered for the Cal-Learn Program. You must participate in Cal-Learn unless you are exempt.

You must participate in the Cal-Learn Program if you are pregnant or a custodial parent under the age of 19 and do not have a high school diploma or equivalent.

WHAT CAL-LEARN MEANS TO YOU

- The Cal-Learn Program encourages teenage AFDC recipients who are pregnant or already a parent to stay in or return to school. Participants may receive cash for meeting program requirements.
- Cal-Learn participants will receive case management services and assistance with child care and transportation costs.
- Your case manager will:
 - Help you with needed health care and services available in the community.
 - Tell you about the different kinds of child care and where to find child care.
 - Ensure that you understand Cal-Learn requirements and what will happen if you do not meet these requirements.
 - Help you to develop an educational plan.
 - Watch your progress and help you to make necessary changes to your school program.

The next step for you will be to attend a Cal-Learn orientation.

You have been scheduled to attend orientation on _____

at _____ o'clock at _____

If you cannot keep this appointment, please call your Cal-Learn case manager: _____ at _____ by _____ to schedule another appointment.

This notice is not notification of the program requirements. The Cal-Learn Program requirements will be given to you during the orientation.

YOU MUST GO TO ORIENTATION EVEN IF YOU BELIEVE YOU MAY BE EXEMPT OR DEFERRED.

If you think this action is wrong you may ask for a hearing. The Cal-Learn hearing rights information on the back of this form tells you how. You can also call your Cal-Learn worker if you think this notice is wrong.

CL 1 -- CAL-LEARN REGISTRATION/PROGRAM INFORMATION/ORIENTATION
APPOINTMENT NOTICE (8/94) (NEW) (required - no
substitutes permitted)

REFER: MPP 42-764.1

This form is to be used to inform teen parents that they are a Cal-Learn registrant and scheduled for a Cal-Learn Program orientation.

This form contains a brief general description of the Cal-Learn Program but does not include the Cal-Learn participation requirements. The form also includes a list of case management services that will be provided plus the availability of child care and transportation costs assistance. The form is to be sent to individuals who must participate in the program.

INSTRUCTIONS:

Enter the date the orientation has been scheduled, the time and address.

The CL 1 is NOT the notice that starts the 90-day participation clock. The CAL-LEARN PROGRAM REQUIREMENTS (CL 2) is the notice that starts the 90-day participation clock.

This form must be sent to the teen parent and the caretaker relative of the AU.

CAL-LEARN PROGRAM REQUIREMENTS

DATE:
CASE NAME:
REGISTRANT'S NAME:
CASE NUMBER:
CASE MANAGER NAME:
PHONE NUMBER:

THIS NOTICE IS NOTIFICATION OF THE PROGRAM REQUIREMENTS**WHAT CAL-LEARN MEANS TO YOU**

Because you have been registered for the Cal-Learn Program:

- You are required to go to school on a full-time basis to get a high school diploma or equivalent.
- You are required to participate until you reach age 19 unless you are exempt.
- You will be given the opportunity to help in the development of your case plan including a report card submittal schedule.
- You are required to submit your report card or progress report to you case manager.
- You can get up to four \$100 bonuses a year for getting a report card with grades that average a C or better. You could get four \$100 sanctions a year for getting grades that average below a D.
- You can receive a \$500 bonus upon graduation.

The county will provide case management services to help you with:

- Developing a report card schedule.
- Developing an educational plan to assist you in graduating from high school or equivalent.
- Monitoring your progress and help you make necessary changes to your school program.
- Providing referrals to appropriate community services.
- Making sure that you understand Cal-Learn requirements and consequences of not meeting program requirements.

You can receive child care, transportation and educational related expenses if needed.

It is your responsibility to tell your case worker if you move, change child care or need other supportive services, or have problems in meeting the program requirements.

Before we lower your cash aid for not making satisfactory progress in school, you will be given a chance to say why you did not. If you have a good reason, your cash aid will not be lowered.

EXEMPTIONS

You have been registered for the Cal-Learn program. A teen parent may be exempt if he or she:

- Is ill, injured, or physically unable to go to school.
- Is expelled from school and enrollment in an alternative school cannot be arranged.
- Cannot get child care or transportation.
- An AFDC-FC (foster care) payment is made on behalf of the teen.

DEFERRAL

A teen may be deferred if the teen parent:

- Needs supportive or case management services which are temporarily not available.
- Has a special need that stops the teen parent from meeting program requirements and the special need cannot be met.
- The doctor has given a period of time to recover after the birth of a child.

Individuals who are deferred are still mandatory participants in Cal-Learn.

If you meet any of the listed reasons for being exempt or deferred from Cal-Learn you are still required to go to school. The California Education Code Section 48200 requires that you attend school.

You have the right to ask to be excused from Cal-Learn, or ask for services like child care and transportation, or to ask for any other service provided by the Cal-Learn Program. You may ask your case manager by phone or in person, or you may ask in writing.

CL 2 -- CAL-LEARN PROGRAM REQUIREMENTS (8/94) (NEW) (required -
no substitutes)

REFER: MPP 42-764.2

This notice is to be used to inform all mandatory registrants in the Cal-Learn Program of participation requirements; a brief description of case management services and supportive services; information about bonuses and sanction; and exemption and deferral criteria. It also informs participants that it is the teens responsibility to inform their case managers of a participation problem.

INSTRUCTIONS:

Give this notice to Cal-Learn participants when they attend their Cal-Learn Program orientation meeting. This form is the document that starts the 90-day participation clock. If the teen parent does not attend the scheduled Cal-Learn Program orientation, send the CL 2 with the CAL-LEARN NOTICE OF PARTICIPATION PROBLEM (CL 3).

This notice is given to the teen parent and the caretaker relative of the AU.

**CAL-LEARN NOTICE OF A
PARTICIPATION PROBLEM**

TO: _____

ISSUE DATE: _____	
CASE NAME: _____	CASE NUMBER: _____
CASE MANAGER NAME: _____	PHONE NUMBER: _____

If you have any questions, please call your Cal-Learn manager

There is a problem with your participation in the Cal-Learn Program. In order to discuss this problem, we have scheduled an interview with you on: _____ at _____ o'clock at _____.

HERE'S THE PROBLEM:

- ☐ Unsatisfactory progress in school.
- ☐ You did not come to your Cal-Learn orientation.
- ☐ You did not turn in your report card or progress report.
- ☐ You did not go to school.
- ☐ Other: _____

If you cannot keep this interview, please call your Cal-Learn manager by _____ at _____ to schedule another interview.

**Cal-Learn CHILD CARE AND TRANSPORTATION ARE AVAILABLE IF YOU
NEED THEM TO HELP YOU KEEP THIS INTERVIEW.**

WHAT IS THE PURPOSE OF THIS INTERVIEW?

The purpose of the interview is to find out if you had a good reason for not doing what Cal-Learn requires.
You can get free help with this interview from:

Legal Aid
Office

Welfare Rights
Office

CCWRO

CL 3 -- CAL-LEARN NOTICE OF A PARTICIPATION PROBLEM (4/94 (NEW)
(required - substitutes permitted with prior CDSS
approval)

REFER: MPP 42-764.2

This notice informs Cal-Learn participants that there is a serious problem with their participation in the Cal-Learn Program. The problem is either their unsatisfactory progress, they did not attend the Cal-Learn orientation, they failed to turn in a report card, did not attend school, or any other problem the case manager determines. Included will be an appointment date scheduled for the teen to discuss this problem with their Cal-Learn case manager. The teen is requested to call their Cal-Learn case manager if they are unable to attend this appointment. This notice also lets the teen know that there is child care and transportation available if needed to keep this appointment. The address and phone numbers are given for the legal aid, welfare rights and the California Coalition of Welfare Rights office.

INSTRUCTIONS:

Complete the name and address of the Cal-Learn participant. Enter the date, time and address of the appointment to discuss the problem. After "Here's the Problem," check the appropriate box. If the "Other" box is checked, the problem must be stated.

Specify the date the participant must inform his/her case manager if he/she cannot make the appointment.

List a legal aid office, welfare rights office or CCWRO's address and telephone number. The NA CL BACK, CAL-LEARN HEARING RIGHTS must be mailed with this form.

If this form is being issued because the Cal-Learn participant did not attend Cal-Learn Program orientation, a CL 2 must also be issued with the CL 3, CL 8 and NA CL BACK.

**CAL-LEARN INFORMING NOTICE
TO PARENT/LEGAL GUARDIAN
OF CAL-LEARN PARTICIPANT**

ISSUE DATE: _____	
CASE NAME: _____	CASE NUMBER: _____
CASE MANAGER NAME: _____	PHONE NUMBER: _____

TO: _____

This is to inform you that there is a problem with _____'s participation in the Cal-Learn Program. The problem is that _____

In order to discuss this problem, _____ has an appointment on _____, at _____ o'clock at _____.

You can call _____ at _____ if you have questions.

The purpose of this appointment is:

- ☐ To find out if there was a good reason for _____ not doing what Cal-Learn requires.
- ☐ To come to an agreement on a Cal-Learn participation plan.

If _____ does not have a good reason and does not agree to go to school or it's equivalent, your cash aid may be lowered.

As the parent or guardian of _____, you may also attend this meeting.

CL 4 -- CAL-LEARN INFORMING NOTICE TO PARENT/LEGAL GUARDIAN OF
CAL-LEARN PARTICIPANT PROBLEM (4/94) (NEW) (required -
substitutes permitted with prior CDSS approval)

REFER: MPP 42-764.23

This form notifies parents and/or care taker relatives that a teen parent has a participation problem in the Cal-Learn Program. The notice explains exactly what the participation problem is.

INSTRUCTIONS:

Complete the name and address of the Cal-Learn participant's parent(s) or caretaker relative. Complete the teen parent's name. Explain the problem. Enter the teen parent's name who has an appointment to discuss the problem. Check the appropriate box. Again, enter the teen parent's name in the following two spaces. In the space below, additional information may be added as appropriate.

The NA CL BACK, CAL-LEARN HEARING RIGHTS, must be issued with this form.

If this form is being issued because the Cal-Learn participant did not attend his/her Cal-Learn Program orientation, a CL 2 must also be issued with the CL 4, CL 8 and NA CL BACK.

CAL-LEARN SUPPORTIVE SERVICES OVERPAYMENT NOTICE

COUNTY OF: _____

ADDRESSEE: _____

NOTICE DATE: _____

CASE NAME: _____

CASE NUMBER: _____

WORKER'S NAME: _____

You were overpaid for the following Cal-Learn Supportive Services(s) for the month(s) of _____ :

☐ Child Care☐ Transportation expenses☐ Educational related expenses**HERE'S WHY:**☐ You did not have good reason for not participating in the following assigned activity _____ and were not eligible for supportive services.☐ You were paid an advance payment for _____ that you did not use to pay for your Cal-Learn expenses.☐ Other: _____

The following shows how much you were paid or what the County paid for you, the amount that should have been paid and the total amount you owe.

AMOUNT PAID.....	\$	\$	\$	\$
LESS AMOUNT YOU SHOULD HAVE BEEN PAID.....	-\$	-\$	-\$	-\$
OVERPAYMENT AMOUNT.....	=\$	=\$	=\$	=\$
TOTAL OVERPAYMENT (YOU OWE) FROM THIS NOTICE				=\$
PLUS TOTAL PREVIOUS UNCOLLECTED OVERPAYMENT				+\$
LESS UNDERPAYMENT				-\$
NEW TOTAL AMOUNT YOU OWE				=\$

ONLY THE BOXES THAT ARE CHECKED BELOW APPLY TO YOU:

You must pay back what you owe. You have 10 days from the date this notice was mailed to you to:

☐ pay in full what you owe, ☐ complete and return the enclosed repayment agreement or,☐ call your county at _____ to discuss a repayment agreement with the County.

If you don't pay what you owe or contact your County within 10 days after the date this notice was mailed to you, the County will collect the overpayment by lowering your supportive services payment.

The amount collected will be 5% of your supportive services payment if the overpayment was caused by the County or 10% of your supportive services payment if the overpayment was caused by you.

The overpayment collection will continue for each month you request a payment until the amount you owe is paid back. This means that your next supportive services payment of up to \$_____ will be lowered by no more than \$_____.

You may not have to repay in any month while you are in Cal-Learn if you would:

- not have enough money to pay for child care, transportation and or educational related expenses to be in Cal-Learn and/or
- have to change the child care arrangements you have now.

☐ Call your worker to have your repayment delayed, if either of the reasons above apply to you.☐ You have told the County before that you cannot begin to repay the overpayment while you are in Cal-Learn. The County will delay this repayment.**CONTACT YOUR WORKER IF YOU THINK THIS NOTICE IS WRONG. YOU MAY ALSO ASK FOR A STATE HEARING. "YOUR CAL-LEARN HEARING RIGHTS" FORM TELLS YOU HOW TO ASK FOR A STATE HEARING.**

If you go off aid before the overpayment is paid back and you do not continue to repay, the County may take what you owe out of your state income tax refund or take other action to collect.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment.

If you pay by check or money order send or bring it to:

Address: _____

If you pay by cash, pay in person. **DO NOT MAIL CASH.** Be sure to ask for a numbered receipt with the County's name on it.**RULES:** These rules apply: MPP 42-751 and 42-765. You may review them at your welfare office.

REFER: MPP 42-751

This form is to be used to notify Cal-Learn participants of an overpayment of Cal-Learn supportive services, including an unused portion of an advance that could not be recovered in accordance with MPP Section 42-750.62. Counties have the option to send a CL 6 with the CL 5. If the CL 6 is sent with the CL 5, a self addressed envelope must be included.

If an overpayment is deferred under MPP Section 42-751.32, the county must inform the participant that the overpayment is still owed but that repayment has been postponed. The county must document in the case file the amount and date of the overpayment and the expected ending date of the deferred status. In addition, it is suggested the county set up a tickler file to reevaluate the need for the continued deferred repayment.

INSTRUCTIONS:

Complete the following:

- o The month(s) or period of time the individual was overpaid.
- o Check the appropriate box for the type of supportive service(s) that was overpaid. More than one box can be checked if necessary.
- o Check box under "HERE'S WHY" that applies to the reason the overpayment occurred. If the overpayment is due to non-participation without good cause, check the first box and specify the activity the individual was to have participated. If the overpayment is due to an uncollected unused portion of an advance payment, check the second box and enter the month that the unused portion of the advance was intended to cover; it should be on the same month as on the first line. Use the "Other" box to describe when an overpayment has occurred due to county error.

The county may need to add an additional computation sheet.

- o Check box(es) that tell the participant what action he/she must take within 10 days. Check only the box(es) that apply to the participant. Check the box that begins "You have told the county before that you cannot begin...", ONLY when the county is automatically deferring a repayment because the participant already has one or more deferred repayments and it is determined that the deferral criteria still apply; or an unused portion of an advance has one or more deferred repayments and it is determined that the criteria still apply; or an unused portion of an advance has already been deferred for the individual. Only current Cal-Learn participants are eligible for deferred repayments.

**CAL-LEARN SUPPORTIVE SERVICE
REPAYMENT AGREEMENT**

ADDRESSEE

CASE NUMBER _____

CASE NAME _____

WORKER _____

DATE _____

I. REPAYMENT TERMS AND CONDITIONS

You must repay what you owe by using one or more of the methods listed in Section III. Your total overpayment is \$ _____ for ☐ child care, ☐ for transportation or ☐ educational related expenses.

You do not have to begin to repay the overpayment while you are in Cal-Learn if you would not be able to keep the child care you have now or you would not have enough money to pay for child care, transportation and/or education related expenses that you need to be in Cal-Learn.

If you cannot repay or begin to repay now, tell your worker now or if this form was mailed to you, call your worker within ten days of the date the form was mailed. If the county agrees, you will still have to pay back what you owe, just not now. The county will then check to see if you can begin to repay when you get your high school diploma or equivalent.

If you have any questions, please call us at _____.

If this agreement has been mailed to you and you have no questions, complete and sign this agreement. Keep the last copy. Return all other copies to the county. Do not send cash with this agreement. If you pay by cash, pay in person. Be sure to ask for a numbered receipt with the county name on it.

When approved by the county, a signed copy of this agreement will be sent to you.

If you are still in Cal-Learn and do not return this agreement, completed and signed within ten days of the date this notice was mailed to you, the county will take action to collect the overpayment by reducing your next payment.

If you are no longer in Cal-Learn and you do not return this form within ten days of the date this notice was mailed to you the county will demand payment and take other action to collect the overpayment.

II. I understand that:

1. Any changes in my ability to pay can change my monthly payments.
2. If anything changes, I can ask the county to enter into a new repayment agreement with me.
3. If I do not pay as agreed; no longer get AFDC; or for any reason this agreement no longer works, the county will require a new repayment agreement.
4. If I do not pay back the county as I have agreed, they can sue me to recover the amount owed even if it is beyond three-years. I may have to pay collection costs, attorney fees, court costs, and interest.
5. If I do not pay, the county may take my state income tax refund and/or ask for the court to attach my wages or any property I own.
6. The county may ask other family members to repay if I do not repay the overpayments.

III. Check below the ways you want to repay. Fill in the amount(s) you will repay.**1. Cash Payment**

You may repay all or part of what you owe with cash.

- ☐ I will repay by lump sum cash payment of \$ _____ by _____
- ☐ I will repay by monthly cash payment of \$ _____ by the first day of each month beginning _____.

2. Payment Reduction

If you get Cal-Learn supportive services payments, you can repay by a percentage of your monthly payment or you can pay more if you want to. The highest amount you have to repay is 10% of your supportive services monthly payment, if the overpayment was caused by you. If the overpayment was an error by the county, the highest amount you have to repay is 5% of your monthly supportive services payment. You can choose to pay the same amount each month.

- ☐ I will repay the highest amount that applies in my case.
- ☐ Instead of the highest amount, I will repay by having my supportive services payment reduced by \$ _____ each month.

3. Grant Reduction

You may repay by having your AFDC payment reduced.

- ☐ I will repay by having my AFDC grant reduced by \$ _____ each month.

IV. CHECK THE BOX BELOW THAT APPLIES TO YOU

- ☐ I can begin repayment within 30 days from the date this notice was mailed to me.
- ☐ I cannot begin to repay within 30 days from the date this notice was mailed to me, but I will begin to repay in the way(s) I chose in Section III, by _____.

Mail this form and payments to:

Bring this form and payments "in person" to:

Sign your name below and enter the date.

Signature _____ Date _____

V. To be completed by the county

The above signed Agreement has been accepted by _____ on _____
for _____ county.

Signature _____

CL 6 -- CAL-LEARN SUPPORTIVE SERVICES REPAYMENT AGREEMENT
(4/94) (NEW) (required - substitutes permitted with
prior CDSS approval)

REFER: MPP 42-751

Use this form to secure a written repayment agreement for the Cal-Learn participant who has an overpayment of supportive services. The form may be sent with the CAL-LEARN OVERPAYMENT NOTICE (CL 5) to be completed by the participant or the county. If neither of the two preceding situations apply, the CL 5 is to be sent at the point the REPAYMENT AGREEMENT (CL 6) is to be established.

INSTRUCTIONS:

An original and three copies of the CL 6 are to be completed.

Section I

The county fills in the total amount of the overpayment and checks the appropriate box for the type of supportive service that was overpaid.

A child care overpayment can be recovered from a subsequent child care payment. Transportation and/or ancillary overpayments can be recovered from either a subsequent transportation or ancillary payment.

If there is more than one type of supportive services overpayment, a separate CL 6 must be used for each type.

In the space provided, enter the telephone number the participant can call if he/she has any questions about the agreement.

Section II

The participant reads and initials Section II.

Section III

The participant checks the box which represents the payment method chosen and as appropriate, fills in the payment amount and the date repayment will begin.

Section IV

The participant checks the appropriate box in this section. The county prints the county's address used to mail payments. The participant signs and dates the form.

**CAL-LEARN SUPPORTIVE SERVICES
OVERPAYMENT FINAL NOTICE**COUNTY OF: _____
ADDRESSEE

NOTICE DATE: _____

CASE NAME: _____

CASE NUMBER: _____

WORKER'S NAME: _____

We told you on _____ that you were overpaid for the following supportive service(s):

- ☐
- Child Care
- ☐
- Transportation expenses
- ☐
- Educational related expenses

The amount of your overpayment that you still owe is \$ _____ and is due now.

HERE'S WHY:

- ☐
- You did not agree to repay.
-
- ☐
- You did not pay as agreed.
-
- ☐
- You are no longer in Cal-Learn and your method of repayment no longer works.
-
- ☐
- You are no longer getting AFDC and your method of repayment no longer works.
-
- ☐
- You did not have to repay while you were in Cal-Learn. Now you need to repay.
-
- ☐
- Other. _____

TOTAL OVERPAID AMOUNT	LESS AMOUNT YOU REPAID	TOTAL AMOUNT YOU OWE
\$ _____	- \$ _____	= \$ _____

You must pay the county what you owe or contact us to make a repayment plan within ten days from the date this notice was mailed to you.

If you do not repay the county or contact the county to enter into a repayment agreement, the county may take what you owe out of your state income tax refund or take other action to collect the amount you owe.

If you get AFDC you can ask to have your AFDC grant lowered to pay what you owe.

You do not have to use any Social Security or SSI benefits to repay this overpayment.

If you pay by check or money order, send or bring it to:

Address: _____

If you pay by cash, pay in person. **DO NOT MAIL CASH.** Be sure to ask for a numbered receipt with the county name on it.

If you have any questions call _____.

CONTACT YOUR CASE MANAGER IF YOU THINK THIS NOTICE IS WRONG. YOU MAY ALSO ASK FOR A STATE HEARING. 'YOUR CAL-LEARN HEARING RIGHTS' FORM TELLS YOU HOW TO ASK FOR A STATE HEARING.**RULES:** These rules apply. MPP 42-751 You may review them at your welfare office.

CL 7 -- CAL-LEARN SUPPORTIVE SERVICES OVERPAYMENT FINAL NOTICE
(4/94) (NEW) (required - substitutes permitted with
prior CDSS approval)

REFER: MPP 42-751

This notice will be used to inform Cal-Learn participants that their Cal-Learn supportive services overpayment is due unless they enter into a new CAL-LEARN REPAYMENT AGREEMENT (CL 6):

- o Individuals who have left the Cal-Learn Program including those who are exempt;
- o Individuals who have left AFDC, except those eligible for transitional child care (TCC). For individuals eligible for TCC, follow the procedures specified in MPP 47-190.
- o Individuals who have failed to make a cash repayment as specified in their REPAYMENT AGREEMENT CL 6, regardless of whether they are still in Cal-Learn, GAIN or AFDC.

INSTRUCTIONS:

- o Date(s) the original CAL-LEARN SUPPORTIVE SERVICES OVERPAYMENT NOTICE(S) (CL 5) was mailed telling the individual about the overpayment(s).
- o The type of supportive service(s) that was overpaid.
- o The remaining amount owed.
- o The check box which designates the reason for FINAL NOTICE (CL 7).
- o The overpayment computation.
- o The county mailing address.
- o The county contact telephone number.

Attach the NA CL BACK, CAL-LEARN HEARING RIGHTS.

**CAL-LEARN NOTICE OF
REPORT CARD SUBMITTAL SCHEDULE**

ISSUE DATE: _____	
CASE NAME: _____	CASE NUMBER: _____
CASE MANAGER NAME: _____	TELEPHONE NO. _____

If you have any questions, please call your Cal-Learn case manager.

TO: _____

On _____, ☐ we ☐ case manager decided the dates your report cards or progress reports are due.

The dates your report cards or progress reports must be given to your Cal-Learn Case Manager are as follows:

1. _____
2. _____
3. _____
4. _____

[Your supportive services needs will be addressed in another notice.]

If you do not receive a report card or progress report call your Cal-Learn case manager.

If you do not give your report card or progress report to your Cal-Learn case manager your aid may be lowered.

If you have good reason for not turning in your report card or progress report your aid will not be lowered but you must notify your case manager immediately of your reason.

If you think this action is wrong, you may ask for a hearing. The Cal-Learn hearing rights information on the back of this form tells you how. You can also call your Cal-Learn case manager if you think this action is wrong.

Case manager name: _____

Telephone number: _____

RULES: These rules apply: MPP 42-766.33, 42-766.6. You may review them at your welfare office.

CL 8 -- CAL-LEARN NOTICE OF REPORT CARD SUBMITTAL SCHEDULE
(4/94) (NEW) (required - substitutes permitted with
prior CDSS approval)

REFER: MPP 42-766.33 and 42-766.4

This notice informs parents or caretaker relatives and teen parents of the dates report cards are due and that they must be submitted to their case manager. It further informs teen parents that they must call their case managers immediately if they do not receive any type of report card or if they have a good reason for not turning in their report card. It also informs teen parents that if they fail to give their report card to their case managers, their cash aid may be lowered. In addition, it informs teen parents that their supportive services needs will be addressed in a separate notice.

INSTRUCTIONS:

Complete teen parents name and address. Enter date of decision. Enter the four dates the report card is due.

Attach the NA CL BACK, CAL-LEARN HEARING RIGHTS.

If a teen parent did not attend his/her Cal-Learn Program orientation and the case manager must develop a report card submittal schedule, use this form. Send along with the CL 2, CAL-LEARN PROGRAM REQUIREMENTS, CL 3, CAL-LEARN NOTICE OF A PARTICIPATION PROBLEM and NA CL BACK, CAL-LEARN HEARING RIGHTS.

This notice must be sent to the teen parent and the caretaker relative of the AU.

**CAL-LEARN NOTICE OF
NO GOOD CAUSE DETERMINATION**

ISSUE DATE: _____

CASE NAME: _____

CASE NUMBER: _____

CASE MANAGER NAME: _____

PHONE NUMBER: _____

If you have any questions, please call your Cal-Learn case manager

TO: _____

On _____, you failed to:

- ☐ Give your Cal-Learn case manager a copy of your report card or progress report.
- ☐ Get a "D" grade or 1.0 grade point average.
- ☐ Make progress in school.

We reviewed your case and decided that you did not have a good reason for not doing what Cal-Learn requires.

Because you did not have good reason for not doing what Cal-Learn requires your cash aid will be lowered.

PARTICIPATION PLAN

In order to help you correct any problems that have kept you from doing what Cal-Learn requires, we have scheduled an appointment with you on _____ at _____ o'clock at _____.

We will work with you on a plan for your participation in Cal-Learn. If you cannot keep this appointment, please call your Cal-Learn case manager at _____.

**CAL-LEARN CHILD CARE AND TRANSPORTATION ARE AVAILABLE
IF YOU NEED THEM TO HELP YOU KEEP THIS APPOINTMENT**

If you think this action is wrong, you may ask for a hearing. The Cal-Learn Hearing Rights information on the back of this form tells you how. You can also call your Cal-Learn case manager if you think this notice is wrong.

RULES: These rules apply: MPP 42-766.28, 42-766.64. You may review them at your welfare office.

CL 9 -- CAL-LEARN NOTICE OF NO GOOD CAUSE DETERMINATION (4/94)
(NEW) (required - substitutes permitted with prior CDSS
approval)

REFER: MPP 42-766.28, 42-766.633 and 42-766.64

Use this notice to inform teen parents that they have been found to be without good cause for failing or refusing to comply with Cal-Learn Program requirements. It also identifies the reason(s) for such a determination and indicates the scheduled appointment date on which the teen parent and the Cal-Learn case manager can meet to discuss the problem. It also informs a teen parent of the right to appeal the determination.

INSTRUCTIONS:

Complete name and address. Enter date of determination. Check appropriate box. Enter appointment date, time and address. Enter telephone number.

Attach the NA CL BACK, CAL-LEARN HEARING RIGHTS, to this form.

**CAL-LEARN NOTICE OF
EXEMPTION / DEFERRAL**

ISSUE DATE:	
CASE NAME:	CASE NUMBER:
WORKER NAME:	WORKER NO.:

If you have any questions, please call your Cal-Learn case manager or your county worker.

TO: _____

This is to inform you that you are:

☐ exempt from Cal-Learn.

☐ deferred from Cal-Learn.

HOWEVER, THIS DOES NOT MEAN THAT YOU DO NOT HAVE TO GO TO SCHOOL. THE CALIFORNIA EDUCATION CODE SECTION 48200 REQUIRES THAT YOU MUST STILL ATTEND SCHOOL.

The following tells you why you are exempt or deferred:

EXEMPTION:

A teen parent is exempt if he or she:

- ☐ Is ill, injured, or physically unable to go to school.
- ☐ Is expelled from school and enrollment in an other school cannot be arranged.
- ☐ Cannot get child care or transportation.
- ☐ An AFDC-FC payment is made on behalf of the teen parent.

Because you are exempt, you will not receive Cal-Learn services.

DEFERRAL:

A teen parent is deferred if he or she:

- ☐ Needs supportive services or case management services which are temporarily not available.
- ☐ Case management services are not available.
- ☐ Has a special need that deprives the teen parents ability to meet program requirements.
- ☐ Needs time to recover from child birth.

Because you are deferred, you will not get Cal-Learn supportive services but will get case management services unless the case management services are not available.

If you think this action is wrong, you may ask for a hearing. The Cal-Learn hearing rights information on the back of this form tells you how. You can also call your Cal-Learn case manager if you think this action is wrong.

RULES: These rules apply MPP 42-763.2, 42-763.3. You may review them at your welfare office.

CL 10 -- CAL-LEARN NOTICE OF EXEMPTION/DEFERRAL (4/94) (NEW)
(required - substitutes permitted with prior CDSS
approval)

REFER: MPP 42-763.2 and 42-763.3

Use this form to inform teen parents if they are exempt from participating in Cal-Learn Program or deferred from sanctions and bonuses. A description of how long a teen parent is exempt or deferred is also given. The notice informs exempt individuals that they will not receive any Cal-Learn services and teen parents who are deferred will be eligible to receive case management services if available.

INSTRUCTIONS:

Complete name and address of teen parent. Enter effective date. Check appropriate box. Enter beginning date and ending date for exemption or deferral.

Attach NA CL BACK, CAL-LEARN HEARING RIGHTS.

CAL-LEARN - NOTICE OF INCOMPLETE GRADES

ISSUE DATE:	
CASE NAME:	CASE NUMBER:
CASE MANAGER NAME:	PHONE NUMBER:

On _____, you gave a report card to your case manager that had incomplete grades.

You have _____ days from _____ to give your case manager a report card with a complete grade(s).

If a new report card is turned in by the end of the _____ day period that shall be the one to determine adequate, satisfactory or unsatisfactory progress. The case manager shall treat the report card as having been submitted as required under Section 42-766.63.

A bonus or sanction will be applied according to the grades received by the end of the _____ day period.

If you do not turn in a report card with complete grades, the incomplete grade(s) will be considered a failing (F) grade(s).

CL 11 -- CAL-LEARN NOTICE OF INCOMPLETE GRADES (4/94) (NEW)
(required - substitutes permitted with prior CDSS
approval)

REFER: MPP 42-766.65

This notice informs the teen parent and parent/caretaker relative that the report card submitted to the case manager contained an incomplete grade(s). It also stipulates that the teen parent has 30 days from the date given to turn in a report card with complete grades. Adequate, satisfactory or unsatisfactory progress will be determined by the new report card. A bonus or sanction may also be applied as necessary. If a new report card is not turned in with complete grade(s), then the original report card with the incomplete grade(s) will be considered as a failing grade.

INSTRUCTIONS:

Enter the date of determination. Enter the number of days the teen has to give the report card to the case manager. Include telephone number of case manager.

Attach the NA CL BACK, CAL-LEARN HEARING RIGHTS.

CAL-LEARN HEARING RIGHTS

- You have the right to ask for a hearing if you disagree with any county decision regarding your status (standing) in Cal-Learn, your Cal-Learn activity, or your Cal-Learn supportive services.
- Asking for a Cal-Learn hearing will not affect your AFDC cash aid.
- You only have 90 days to ask for a hearing.
- The 90 days started the day after we gave or mailed you a notice.

WHILE YOU WAIT FOR A HEARING DECISION

If you disagree with the county's decision about your Cal-Learn status or your Cal-Learn activity:

- You do not have to participate in Cal-Learn.
- You cannot come into the Cal-Learn program if we have told you we cannot serve you.
- You can keep going to an activity different from the one we referred you to, but we will not pay any Cal-Learn supportive services or give you any other Cal-Learn services.

To get any Cal-Learn supportive services payments, you must go to the Cal-Learn activity the county has asked you to go to.

If you disagree with the county's decision about your supportive services payments, and you attend your approved Cal-Learn activity, the county will pay supportive services as follows:

- If we have told you your payments will be lowered, you will get the lower rate.
- If we have told you your payments will be made in a different form, you will be paid in the different form.
- If we have told you your payments will stop; you will not get any more payments, even if you go to your activity.
- If we have denied payments before the hearing, you will not get the requested payments.

If the amount of supportive services the county pays while you wait for a hearing decision is not enough, you can stop going to your Cal-Learn activity.

You may get free legal help at your local legal aid office or welfare rights group, or from the CCWRO.

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask.
Another way to ask for a hearing is to call 1-800-952-5253.
If you are Deaf and use TDD, call 1-800-952-8349.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

- ☐ Cal-Learn Status ☐ Cal-Learn Activity
☐ Cal-Learn Supportive Services ☐ Other (list) _____

Here's why:

I will bring this person to the hearing to help me (name and address, if known):

I need an interpreter at no cost to me. My language or dialect is:

My name: _____

Address: _____

My Signature: _____

Phone: _____ Date: _____

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

NA CL BACK -- CAL-LEARN HEARING RIGHTS (4/94) (NEW) REQUIRED NO
SUBSTITUTES

REFER: MPP 22-017

This form is used to inform Cal-Learn participants of their hearing rights. It specifies the participation requirements pending a hearing decision and directs the participant to call their local legal aid office or welfare rights organizations for assistance. This form must be sent with any action that must be timely.

INSTRUCTIONS:

Copy this form onto the back of all forms that require counties to provide a teen parent his/her hearing rights.

ENCLOSURE II

CAL-LEARN PROGRAM

CAL-LEARN NOTICES OF ACTION

QUICK REFERENCE GUIDE

The Quick Reference Guide specifies the appropriate NOA to issue for Cal-Learn supportive services actions. It also indicates what the NOA is to do and when a NOA must be timely.

As defined in MPP Section 22-001(t)(1), a timely notice is one sent at least 10 calendar days prior to the effective date of the action. This means that the case manager has given the Cal-Learn participant a notice about the case manager's intended action at least 10 days before the action occurs. If the Cal-Learn participant disagrees with the case manager's action, he/she can file for a state hearing.

An adequate notice must inform the client in writing about: (1) what action the county plans to take; (2) why the action is being taken; (3) which regulations support the action; (4) how the client can request a state hearing; and (5) under which circumstances supportive services will continue pending the hearing decision. The adequacy requirements apply to all NOAs.

<u>NOA NO. & TITLE</u>	<u>ACTION</u>	<u>TIMELY</u>
M42-750J (CL) Approve Ancillary Expenses	APPROVE--Use to approve all or a portion of a request for ancillary expenses; includes listing of items not approved.	NO
M42-750K (CL) Deny Ancillary Expenses	DENIAL--Use to deny entire request for ancillary expenses; no items approved.	NO
M42-750L (CL) Adjust Child Care & Transportation	ADJUSTMENT--Use to reconcile supportive services claims with actual expenditures. The approved maximum remains the same. Also use to notify Cal-Learn participants about reconciled payments made to temporary providers of care for sick child(ren), whenever the amount paid is less than the amount claimed, and to notify Cal-Learn participants about temporary changes in the method of payment for supportive services. Issue at the same time as the payment.	NO
M42-750P (CL) Reduce Child Care & Transportation	REDUCE--Use to recover unused portions of an advance payment for supportive services.	YES
M42-750Q (CL) Reduce Child Care, Transportation & Ancillary Payment Limit No Change	OVERPAYMENT--Use to recover unused portion of an advance payment by adjusting a future supportive services payment after NOA M42-750P has been sent and proof of costs has been received for supportive services.	YES
M42-762.4 (CL) Control Group Notice	INFORM--Use to inform teen parents eligible to participate in the Cal-Learn Program that they have been selected to be in a control group.	NO

ENCLOSURE III

CAL-LEARN PROGRAM
NOTICE OF ACTION (NOA) MESSAGE DOCUMENTS

These NOA message documents are to be used specifically for the Cal-Learn Program. They are to be used to inform Cal-Learn participants of the actions(s) being taken by the county. Counties must use the language contained in the "message" portion in NOAs to individual clients.

The headings and "instructions" portions of the NOA message documents contain information for county and case manager use. Heading and instructional language for CDSS.

1. M42-750B (CAL-LEARN) (12/93) Approve Child Care
2. M42-750C (CAL-LEARN) (12/93) Change Child Care
3. M42-750D (CAL-LEARN) (12/93) Deny Child Care Payment/Increase
4. M42-750E (CAL-LEARN) (12/93) Discontinue Child Care/ Transportation
5. M42-750F (CAL-LEARN) (12/93) Approve Transportation
6. M42-750G (CAL-LEARN) (12/93) Change Transportation
7. M42-750H (CAL-LEARN) (12/93) Deny Transportation Payment/Increase
8. M42-750J (CAL-LEARN) (12/93) Approve Ancillary Expenses
9. M42-750K (CAL-LEARN) (12/93) Deny Ancillary Expenses
10. M42-750L (CAL-LEARN) (12/93) Payment Adjustment Child Care/Transportation
11. M42-750O (CAL-LEARN) (12/93) Extension of Child Care/ Transportation
12. M42-750P (CAL-LEARN) (12/93) Reduce Child Care/ Transportation/Payment/ Increase
13. M42-750Q (CAL-LEARN) (12/93) Overpayment of Child Care/ Transportation/Ancillary/ Payment Limit No Change
14. M42-762.4 (CAL-LEARN) (1/94) Control Group Notice
15. M42-766.67 (CAL-LEARN) (1/94) Ineligible for Cal-Learn
16. M42-769.632 (CAL-LEARN) (12/93) Adequate Progress Informing Notice

State of California
Department of Social Services

Manual Msy. No.: M42-750B(CL)
Action : Approve
Reason : Child Care
Title: Approve Child Care
Form No. : NA802
Effective Date : 03/01/94
Revision Date :
Regulation Cite: 42-750.1, 42-750.2, 42-760.3, 42-750.6

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite: 42-750.1, 42-750.2, 42-760.3, 42-750.6

MESSAGE:

As of _____ until _____:

The county has approved your Cal-Learn child care. The most we will pay is \$_____ per _____.

The county will only pay child care for the days you are attending your approved Cal-Learn activity:_____.

Your child care payment is figured on this notice.

Child care payment will be: ☐ Paid to your provider ☐ Paid back to you ☐ Advanced to you ☐ Other:

☐ Because your approved Cal-Learn activity is less than 30 days, you will not get another notice telling you when your payments end.

YOU MUST TELL US BEFORE YOU CHANGE CHILD CARE PROVIDERS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY THE NEW PROVIDER.

Child(ren): _____
Child care for children not listed here stays the same.

\$ _____ rate
x _____ ☐ hours ☐ days ☐ weeks ☐ month
= \$ _____ per _____

Provider name: _____.

INSTRUCTIONS:

Use this NOA to approve child care payments for Cal-Learn participants.

On the "As of __," line enter the effective date and complete the ending date. Fill in the amount to be paid and when (e.g., month, week, day).

Fill in the teen parent's approved activity.

Check the appropriate box for the child care payment method. If a two-party check is used, check the applicable box as well as the "Other" box. In the space provided, specify that it is a two-party check.

When the activity will be less than 30 days, check the last box.

The county may replace the word "US" with a worker's name and phone number in the sentence which starts with "YOU MUST TELL US BEFORE"

Complete applicable computation(s). Repeat the computation as many times as needed if different rates are being provided. The County may use an alternate calculation when the standard computation does not explain how the payment limit was figured.

State of California
Department of Social Services

Manual Msg. No.: M42-750C(CL))
Action : Change
Reason: Child Care
Title: Change Child Care
Form No. : NA801/803
Effective Date : 03/01/94
Revision Date :
Regulation Cite: 42-750.1, 42-750.2, 42-750.3, 42-750.6

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite: 42-750.1, 42-750.2, 42-750.3, 42-750.6

MESSAGE:

As of _____ until _____:

☐ The county has changed the payment limit for your Cal-Learn child care from \$_____ per _____ to \$_____ per _____.

☐ The county has changed your payment method from _____ to _____.

☐ Your child care provider has changed. Your child care at _____ has been paid through _____.
Payment for _____ starts after that date.

The county will only pay child care for the days you are attending your approved Cal-Learn activity:_____.

Here's why:

☐ Your child care rate changed.

☐ Your child care hours changed.

☐ You asked for this change.

☐ Other:

Your new child care payment limit is figured on this notice.

☐ Because your Cal-Learn activity is less than 30 days, you will not get another notice telling you when your payment end.

YOU MUST TELL US BEFORE YOU CHANGE CHILD CARE PROVIDERS EXCEPT IN AN EMERGENCY. WE MAY NOT BE ABLE TO APPROVE AND PAY THE NEW PROVIDER.

You can also call your Cal-Learn case manager if you think this notice is wrong.

Child(ren): _____

Child care for children not listed here stays the same.

\$ _____ rate
x _____ ☐hours ☐days ☐weeks ☐month
= \$ _____ per month

Provider name: _____.

The rate is what your child care provider charges or the most we can pay based on your area's child care costs, whichever is less.

INSTRUCTIONS:

Use this NOA to: (1) change child care payment maximum or payment method to the currently approved child care provider; or (2) approve child care payments when the Cal-Learn teen parent requests a new provider and the new provider meets regulatory approved criteria; or (3) remove a child from payment. If only child is being removed, use M42-750E(CL).

When the change is an increase, on the "As of ____" line, enter the date the change was approved. Enter that date and the ending date.

When the change is a decrease, the authorization date on the "As of__" line must allow for the 10-day timely notice period. When there is a decrease, the NOA must be timely.

Under "Here's why," check the appropriate reason box. When you check the "Other" box, specify the reason for the action. When the change is a decrease, this NOA must be timely.

When the activity will be less than 30 days, check the last box.

Complete a separate computation for each child who had a change in child care. The county does not have to complete a calculation for payments that are not changing.

Repeat the computation if different rates are being provided. The county may use an alternate calculation when the standard computation does not explain how the payment limit was figured.

The county may replace the word "US" with a worker's name and phone number in the sentence which starts with "YOU MUST TELL US BEFORE...."

The NA CL BACK, CAL-LEARN HEARING RIGHTS, must be provided with this notice.

State of California
Department of Social Services

Manual Log. No.: M42-750D(CL)
Action : Denial
Reason : Child Care
Title: Deny Child Care
Form No. : NA802
Effective Date : 03/01/94
Revision Date :

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite: 42-750.1, 42-750.2, 42-750.3

MESSAGE:

As of _____:

- ☐ Payment for your Cal-Learn child care with _____ is denied.
- ☐ Your request to raise your Cal-Learn child care payments limit is denied.

Here's why:

- ☐ You are not in an approved Cal-Learn activity.
- ☐ You are already getting the most the county can pay based on your area's child care costs.
- ☐ The Cal-Learn child care you asked for is not needed to attend your approved Cal-Learn activity: _____.
- ☐ Your child _____ is not in your AFDC assistance unit and is not receiving federal foster care, or SSI/SSP payments.
- ☐ The child care provider you wanted must have a license but does not have one.
- ☐ The child care provider is not 18 years of age or older.
- ☐ The child care provider is your child's parent, legal guardian or a member of your AFDC assistance unit.
- ☐ You have not provided us records that show your aided child _____ has a physical or mental condition that requires special care.
- ☐ Other:

You can call your Cal-Learn case manager if you think this notice is wrong.

INSTRUCTIONS:

Use this NOA to deny child care payments for Cal-Learn teen parents.

On the "As of ____" line, enter the date the determination was made.

Under the "Here's why" section, check appropriate box(es) and complete all other applicable information. When checking the "Other" box,

specify the reason for the action. If the forth box is checked, you must also determine if the teen parent continues to be eligible to participate in Cal-Learn. If the teen parent's child is no longer in the teen parent's AU, the teen parent may not be eligible to participate in Cal-Learn and NOAs M42-766.67 and M42-750E must also be issued.

The NA CL BACK, CAL-LEARN HEARING RIGHTS, must be provided with this notice.

State of California
Department of Social Services

Manual Mst No.: M42-750E(CL)
Action : Disc.
Reason: Support Services
Title: Discontinue Child Care/
Transportation

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite: 42-750.1, 42-750.2, 42-750.3, 42-750.4

Form No. : NA802
Effective Date : 03/01/94
Revision Date :

MESSAGE:

As of _____:

- ☐ Payment for your Cal-Learn child care will stop.
- ☐ Payment for your Cal-Learn transportation will stop.

Here's why:

- ☐ You are no longer a Cal-Learn participant.
- ☐ You moved out of this county.
- ☐ You went off cash aid.
- ☐ Your child _____ is no longer in your AFDC assistant unit.
- ☐ Your child(ren) no longer need(s) child care.
- ☐ Your child care provider is your child's parent, legal guardian or a member of your AFDC assistance unit.
- ☐ Other:

You can also call your Cal-Learn case manager if you think this notice is wrong.

INSTRUCTIONS:

Use this NOA to discontinue child care or transportation for Cal-Learn teen parents. On the "As of ____" line, enter the effective date of the action. Check appropriate box.

Under "Here's why," check the appropriate box(es) and complete all other applicable information. You must also determine if the teen parent continues to be eligible to participate in the Cal-Learn Program. If the teen parent is no longer eligible, issue NOA M42-766.67 with M42-750E.

This NOA must be timely.

When checking the "Other" box, specify the reason for the action.

The NA CL BACK, CAL-LEARN HEARING RIGHTS, must be provided with this notice.

State of California
Department of Social Services

Manual Message No.: M42-750F(CL)
Action : Approve
Reason : Transportation
Title: Approve Transportation
Form No. : NA802
Effective Date : 03/01/94
Revision Date :

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite: 42-750.1, 42-750.4, 42-750.6

MESSAGE:

As of _____ until _____.

- ☐ The county has approved your Cal-Learn transportation. The most we can pay is \$_____ for a total of _____ miles per _____.
- ☐ The county has approved \$_____ per _____ based on public transportation rates.
- ☐ The county has approved bus passes or tickets for a total of _____ per _____.
- ☐ The county will provide you with Cal-Learn transportation.

Here's why:

The county will only pay for transportation while you are going to your approved Cal-Learn activity:_____.

Your transportation payment limit is figured on this notice.

Mileage can be paid only if there is no public transportation available, or it cost the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to get you from your home to your Cal-Learn assignment on time. You cannot count time to go to and from your child's school or child care. If you drive your care even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is lower.

Your transportation payments will be ☐ Advanced to you ☐ Paid back to you ☐ Paid to your transportation provider ☐ Other:

- ☐ Because your Cal-Learn assignment activity is less than 30 days, you will not get another notice telling you when your payments end.

YOU MUST TELL US BEFORE YOU CHANGE YOUR TRANSPORTATION ARRANGEMENTS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY FOR THE NEW ARRANGEMENTS.

You can also call your Cal-Learn case manager if you think this notice is wrong.

☐ Public Transportation

X _____ rate
 = \$ _____ per _____

☐ your car' mileage

 \$ _____ rate
 X _____ per _____
 X _____ miles
 = \$ _____

☐ parking

\$ _____ ☐ month ☐ school term ☐ other:

INSTRUCTIONS:

Use this NOA to approve transportation for Cal-Learn teen parents. On the "As of ____" line, enter the effective date of the action and the ending date. Check the appropriate box(es) and complete all other applicable information.

Under the Here's why" section, check the appropriate box(es) and complete all other applicable information. When checking the "Other" box, specify the reason for the action. When there will be a two-party check, check the other box and state the payemnt will be made with a two-party check.

When the activity will be less than 30 days, check the last box.

Complete the computation as many times as needed.

The NA CL BACK, CAL-LEARN HEARING RIGHTS, must be provided with this notice.

State of California
Department of Social Services

Manual Msq No.: M42-750G(CL)
Action : Change
Reason : Transportation
Title: Change Transportation
Form No. : NA802
Effective Date : 03/01/94
Revision Date :

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite: 42-750.1, 42-750.4, 42-750.6

MESSAGE:

As of _____ until _____.

- ☐ The county has changed your Cal-Learn transportation limit from \$_____ to \$_____ for a total of _____ miles per _____.
- ☐ The county has changed your payment limit from \$_____ to \$_____ per _____ based on public transportation rates.
- ☐ The county has changed your bus tickets from _____ to _____ per _____.
- ☐ The county has changed your payment method from _____ to _____.

Here's why:

- ☐ Your mileage rate changed.
- ☐ Your mileage changed.
- ☐ The public transportation rate changed.
- ☐ Public transportation is available which takes less than one hour to get you to your approved Cal-Learn activity on time.
- ☐ Other:

Your transportation payment limit is figured on this notice.

Mileage can be paid only if there is no public transportation available, or it cost the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to get you from your home to your Cal-Learn assignment on time. You cannot count time to go to and from your child's school or child care. If you drive your care even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is lower.

Your transportation payments will be: ☐ Advanced to you ☐ Paid back to you ☐ Paid to your transportation provider ☐ Other:

- ☐ Because your Cal-Learn assignment activity is less than 30 days, you will not get another notice telling you when your payments end.

YOU MUST TELL US BEFORE YOU CHANGE YOUR TRANSPORTATION ARRANGEMENTS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY FOR THE NEW ARRANGEMENTS.

You can also call your Cal-Learn case manager if you think this notice is wrong.

☐ Public transportation

X rate
 _____ per _____
 = \$ _____

☐ your car's mileage

X rate
 _____ per _____
 X miles
 = \$ _____

☐ parking

\$_____ ☐ month ☐ school term ☐ other:

INSTRUCTIONS:

Use this NOA to change Cal-Learn transportation payment maximums, number of bus passes, payment method or change in method of transportation for Cal-Learn teen parents. On the "As of _____" line, enter the effective date of the action and the ending date.

When the change is an increase, the effective date is the date the change was approved.

When the change is a decrease and the decrease is initiated by the County, the authorization date must allow for the 10-day timely notice period. Enter that effective date on the "As of _____" line and include the ending date. When there is a decrease, the NOA must be timely.

When the change is a decrease and is initiated by the client or the provider, the authorization date must be calculated after the county learns about the teen parent's or the provider's action. The county's effective date must allow for the 10-day timely notice period. This NOA must also be timely.

Check the appropriate box(es) and complete all other applicable information.

When checking the "Other" box, specify the reason for the action.

Complete the formula computation as needed to show applicable rate.

The NA CL BACK, Cal-Learn Hearing Rights, must be provided with this notice.

State of California
Department of Social Services

Manual Msg. No.: M42-750H(CL)
Action : Deny
Reason : Transportation
Title: Deny Transportation
Form No. : NA802
Effective Date : 03/01/94
Revision Date :

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite: 42-750.1, 42-750.4

MESSAGE:

As of _____:

The Cal-Learn transportation: ☐ payment ☐ increase you asked for is denied.

Here's why:

☐ Your are already getting as much as the county can pay because:

☐ the maximum mileage rate is \$_____ per _____.

☐ public transportation is available.

☐ Cal-Learn transportation is available.

☐ You are not in an approved Cal-Learn activity.

☐ The transportation you asked for is not needed attend to your approved Cal-Learn activity.

☐ Other:

You can also call your Cal-Learn case manager if you think this notice is wrong.

INSTRUCTIONS:

Use this NOA to deny Cal-Learn transportation payments or increases. On the "As of ____" line, enter the effective date. Check appropriate box.

Under the "Here's why" section, check the appropriate box(es) and complete all other applicable information.

When checking the "Other" box, specify the reason for the action.

The NA CL BACK, CAL-LEARN HEARING RIGHTS, must be provided with this notice.

State of California
Department of Social Services

Manual Msg. No.: M42-750J(CL)
Action : Approve
Reason : Ancillary
Title: Approve Ancillary
Expenses

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite: 42-750.1, 42-750.5, 42-750.6

Form No. : NA802
Effective Date : 03/01/94
Revision Date :

MESSAGE:

As of _____, the county has approved your request for payment of the following items needed for your approved Cal-Learn activity:

Item	Cost	Item	Cost
_____	\$ _____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total	\$ _____

Your payments will be: ☐ Advanced to you ☐ Paid back to you ☐ Paid to the store ☐ Paid to the school ☐ Other:

☐ The following items you asked for were not approved for payment:

Item	Item
_____	_____
_____	_____
_____	_____

Here's why:

☐ The cost is not necessary because: _____

☐ You do not need _____ for your Cal-Learn activity because: _____.

☐ Other:

You can call your Cal-Learn case manager if you think this notice is wrong.

INSTRUCTIONS:

Use this NOA to approve Cal-Learn ancillary payments and to include any ancillary items which were not approved.

On the "As of ____" line, enter the authorization date. Also list the items approved and the costs for each item. Check the method of payment. List the items disapproved if any.

Under the "Here's why" section, check the first box when the item can be purchased for less and specify what the alternative item and cost. Check the second box if the item requested is not needed for the Cal-Learn activity and specify the reason the item is not necessary. When checking the "Other" box, specify the reason for denial. Use the "Other" box when the teen parent is attending a vocational program and asked for the payment of ancillary items the teen parent needs to attend the vocational program.

State of California
Department of Social Services

Manual Msg. No.: M42-750K(CL)
Action : Deny
Reason : Ancillary
Title: Deny Ancillary
Expenses

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite: 42-750.1, 42-750.4

Form No. : NA802
Effective Date : 03/01/94
Revision Date :

MESSAGE:

As of _____, the county has denied your request for payment
of the following items:

Item	Item
_____	_____
_____	_____
_____	_____
_____	_____

Here's why:

☐ You are not in an approved Cal-Learn activity.

☐ The cost is not necessary for your Cal-Learn participation
because: _____

☐ You do not need these items for your Cal-Learn activity: _____

☐ Other:

You can call your Cal-Learn case manager if you think this notice is
wrong.

INSTRUCTIONS:

Use this NOA to deny Cal-Learn ancillary payments. On the "As of ____"
line, enter the date the determination was made. List the items denied.

Under the "Here's why" section, check the first box when the teen parent
is not in an approved Cal-Learn activity. Check the second box when the
cost is not necessary. Check the third box when the item is not needed
for the teen parent to attend his/her Cal-Learn activity. When checking
the "Other" box, specify the reason for the denial.

State of California
Department of Social Services

Manual Msg. No.: M42-750L(CL)
Action : Adjustment
Reason : Supportive Svcs
Title: Adjust Child Care/
Transportation

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite: 42-750.1, 42-750.2, 42-750.3, 42-750.4, 42-750.6
Form No. : NA802
Effective Date : 03/01/94
Revision Date :

MESSAGE:

As of _____, your Cal-Learn ☐ child care ☐ transportation
for _____ is \$_____. This amount is less than what you
asked for.

Here's why:

☐ You did not attend your approved Cal-Learn activity on all the ☐
days ☐ hours you asked for Cal-Learn payments.

☐ You asked for payment for ____ child care hours, but we can only pay
for _____ child care hours because: _____

☐ You asked for _____ miles, but we can only pay for _____
miles because: _____

☐ Other:

Your ☐ child care payment ☐ transportation payment limit is figured on
this notice.

Mileage can be paid only if there is no public transportation available,
or it cost the same or less than public transportation. Public
transportation is available when it takes two hours or less round trip
to get you from your home to your Cal-Learn assignment on time. You
cannot count time to go to and from your child's school or child care.
If you drive your care even though public transportation is available,
you will be paid at the public transportation rate or the mileage rate,
whichever is lower.

Your ☐ child care ☐ transportation payments will be ☐ Advanced to you
☐ Paid back to you ☐ Paid to your child care or transportation
provider ☐ Other:

YOU MUST TELL US BEFORE YOU CHANGE YOUR CHILD CARE OR TRANSPORTATION
ARRANGEMENTS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND
PAY FOR THE NEW ARRANGEMENTS.

You can also call your Cal-Learn worker if you think this notice is
wrong.

CHILD CARE:

Child(ren): _____
 Child care for children not listed here stays the same.

\$ _____ rate
 X _____ [] hours [] days [] weeks [] month
 = \$ _____ per _____

TRANSPORTATION:

[] Public transportation

\$ _____ rate
 X _____ per _____
 = \$ _____

[] your car's mileage

\$ _____ rate
 X _____ per _____
 X _____ miles
 \$ _____

[] parking

\$ _____ [] month [] school term [] other

INSTRUCTIONS:

Use this NOA when the amount paid for regular, approved Cal-Learn child care and/or transportation is less than the amount claimed, but within the authorized maximum. Use also to notify teen parents when payments made to temporary providers are less than the amount claimed. This NOA is sent at the same time as the payment.

On the "As of _____" line, enter the date the determination was made. Under the "Here's why" section, check the appropriate box(es) and complete all other applicable information. When checking the "Other" box, specify the reason for the adjustment.

This NOA must be timely in accordance with MPP Section 22-022.

CHILD CARE:

Complete a separate computation for every child as needed. Repeat the formula as needed to show what is being paid.

TRANSPORTATION:

Check the appropriate box for the method of transportation and complete the appropriate calculation.

Check the appropriate box for payment method. If a two-party check is used, check the applicable box and "Other" box. For the "Other" box, specify that it is a two party check.

The NA CL BACK, Cal-Learn Hearing Rights, must be provided with this notice.

State of California
Department of Social Services

Manual Msg. No.: M42-7500(CL)
Action : Approve
Reason: Supportive Services
Title: Extension Child Care/
Transportation

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite: 42-750.1, 42-750.2, 42-750.3, 42-750.4

Form No. : NA802
Effective Date : 03/01/94
Revision Date :

MESSAGE:

As of _____:

[] Your Cal-Learn child care has been extended until _____.

[] Your Cal-Learn transportation has been extended until _____.

Nothing about your approved supportive services has changed except the date your payment ends.

[] Because the extension is less than 30 days, this is the only notice you will get telling you about the extension.

Here's why:

[] Your approved Cal-Learn activity _____ is continuing.

[] We are paying for your child care space so that it will be there when the next school semester starts.

[] Other:

INSTRUCTIONS:

Use this NOA to approve Cal-Learn transportation when a teen parent is continuing in school and the teen parent needs to retain the transportation.

Use this NOA to extend and approve previously approved Cal-Learn child care payments when: (1) the teen parent's next semester will begin within 30 days after the previous semester, and (2) the teen parent wants to reserve the previously approved child care slot so he/she can use the same provider when the new semester begins. Use the M42-750L (Payment Adjustment NOA) for any necessary billing adjustments when you receive a claim for the extension period. When the teen parent's semester begins, use M42-750C (Change Child Care) to make any payment adjustments that may be needed because the new semester requires more or fewer hours of child care. If the teen parent decides to use a different provider, use M42-750C (Change Child Care) to approve new child care payments.

On the "As of ____" line, enter the effective date. Check the appropriate box and enter the date of the extension. If the extension is less than 30 days, check the third box.

Under the "Here's why" section check the appropriate box(es) and complete all other applicable information. When checking the "Other" box, specify the reason for the action. This NOA must be timely.

The NA CL BACK, CAL-LEARN HEARING RIGHTS, must be provided with this notice.

State of California
Department of Social Services

Manual Msg. No.: M42-750P(CL)
Action : Reduce
Reason: Supportive Services
Title: Reduce Child Care/
Transportation/
Ancillary

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite: 42-750, 42-750.3, 42-750.4, 42-750.6, 42-751.44

Form No. : NA802
Effective Date : 03/01/94
Revision Date :

MESSAGE:

As of _____, your payment for Cal-Learn: ☐ child care
☐ transportation ☐ educational related expenses will be
\$_____. This is less than what you asked for.

Here's why:

You have to pay us back any money we advance to you that you do not use
to pay for Cal-Learn expenses.

☐ The proof of costs shows that you did not use all of your advance for
_____.

☐ You failed to give us proof of costs by the 10th of this month. You
must give us _____.

☐ Other:

Payment for your ☐ child care ☐ transportation ☐ educational related
expenses is figured on this notice.

Call your Cal-Learn worker if this adjusted payment means you will not
be able to stay in your Cal-Learn assignment, if you will have to change
your child care provider you have now or if you will not be able to
attend your Cal-Learn assignment.

CALL YOUR CAL-LEARN WORKER IF YOU THINK THIS NOTICE IS WRONG. ALSO, YOU
MAY ASK FOR A STATE HEARING, "YOUR CAL-LEARN HEARING RIGHTS" FORM TELLS
YOU HOW TO ASK FOR A STATE HEARING.

CHILD CARE:

☐ Your payment of \$_____ for this month will be adjusted effective
_____ as follows:

\$_____ your actual advance payment for _____

- _____ your actual costs for that month

= \$_____ unused advance

\$_____ amount requested

- _____ unused advance

= \$_____ adjusted payment

TRANSPORTATION

[] Your payment of \$_____ for this month will be adjusted effective _____ as follows:

\$_____ your actual advance payment for _____
- _____ your actual costs for that month
= \$_____ unused advance
\$_____ amount requested
- _____ unused advance
= \$_____ adjusted payment

EDUCATIONAL RELATED EXPENSES

[] Your payment of \$_____ for this month will be changed on _____ as follows:

\$_____ your actual advance payment for _____
- _____ your actual costs for that month
= \$_____ unused advance
\$_____ amount requested
- _____ unused advance
= \$_____ adjusted payment

INSTRUCTIONS:

Use this NOA to reduce payment for Cal-Learn child care, transportation or ancillary expenses and to inform the teen parent that he/she must pay back any unused portion of an advance payment for supportive services.

On the "As of ____" line, enter the effective date. Check the appropriate box(es) and complete all other applicable information.

Under the "Here's why" section, check appropriate box and complete all other applicable information. When checking the "Other" box, specify the reason for the adjustment.

This NOA must be timely.

Complete the computations as many times as needed. Enter the amount and the date on the line that says "Your payment of \$____...."

The NA CL BACK, CAL-LEARN HEARING RIGHTS, must be provided with this notice.

State of California
Department of Social Services

Manual Msg. No.: M42-750Q(CL)
Action : Overpayment
Reason: Supportive Services
Title: Overpayment Child Care/
Transportation/
Ancillary

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite: 42-750, 42-750.6, 42-751.

Form No. : NA802
Effective Date : 03/01/94
Revision Date :

MESSAGE:

As of _____, your payment for Cal-Learn ☐ child care ☐ transportation ☐ educational related expenses for _____ is \$_____. This amount is less than what you asked. Your payment limit has not changed.

Here's why:

- ☐ You have to pay us back any money we advance to you that you do not use to pay for Cal-Learn supportive service expenses. We subtracted that portion of your advance payment that was not used to pay for Cal-Learn supportive services.
- ☐ We subtracted the amount listed in your Cal-Learn overpayment agreement notice dated _____.
- ☐ We subtracted the amount we figured we need to take to adjust your overpayment. We told you about this in your Cal-Learn overpayment notice dated _____.
- ☐ ☐ Other:

Your ☐ child care ☐ transportation ☐ educational related limit is figured on this notice.

Mileage can be paid only if there is no public transportation available or it costs the same as or less than public transportation. Public transportation is available when it takes no more than two hours round trip for you to get from your home to your Cal-Learn activity on time. You cannot count time to go to and from your child's school or child care. If you drive your car even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is less.

Call your Cal-Learn case manager if this adjusted payment means you will not be able to stay in your Cal-Learn activity, or if it will mean you will have to change your child care provider you have now.

CHILD CARE:

- ☐ Your payment of \$_____ for _____ has been adjusted effective as follows:

\$_____ your actual advance payment for _____

- _____ your actual costs for that month
= \$ _____ unused advance
\$ _____ amount requested _____
- _____ unused advance
= \$ _____ adjusted payment

TRANSPORTATION

[] Your payment of \$ _____ for _____
has been adjusted effective as follows:
\$ _____ your actual advance payment for _____
- _____ your actual costs for that month
= \$ _____ unused advance
\$ _____ amount requested for _____
- _____ unused advance
= \$ _____ adjusted payment

EDUCATIONAL RELATED EXPENSES

[] Your payment of \$ _____ for _____
has been adjusted effective as follows:
\$ _____ your actual advance payment for _____
- _____ your actual costs for that month
= \$ _____ unused advance
\$ _____ amount requested _____
- _____ unused advance
= \$ _____ adjusted payment

INSTRUCTIONS:

THIS CAL-LEARN NOA MUST BE SENT AT THE SAME TIME AS THE CAL-LEARN REDUCE PAYMENT NOA M42-750P.

Use this NOA to: (1) recover an unused portion of an advance payment by adjusting a future supportive services payment after NOA M42-750P has been sent and proof of costs has been received for supportive services; (2) recover a supportive services overpayment by adjusting a

future supportive services payment, either automatically or in accordance with a signed CAL-LEARN REPAYMENT AGREEMENT, CL 6 (1/94) and after the CAL-LEARN OVERPAYMENT NOTICE, CL 5 (1/94) has been sent.

This NOA must be issued each time a payment adjustment is made. This NOA must be timely.

When making payment adjustments, child care overpayments can only be recovered from a future child care payment; transportation or ancillary overpayments can be recovered from future transportation or ancillary payments.

On the "As of ____" line, enter the effective date. Check the appropriate box(es) and complete all other applicable information.

Under the "Here's why" section, check appropriate box(es) and complete all other applicable information. When checking the "Other" box, specify the reason for the action.

This NOA must be timely in accordance with MPP Section 22-022.

Complete the computations as many times as needed. Enter the amount and the month on the line that says "Your payment of \$____...."

The NA CL BACK, CAL-LEARN HEARING RIGHTS, must be provided with this notice.

State of California
Department of Social Services

Manual Msg. No.: M42-762.4(CL)
Action : Inform
Reason : Control Group
Title: Inform Control Group
Form No. : NA802
Effective Date : 03/01/94
Revision Date :

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite: 42-762.4

MESSAGE:

As of January 1, 1994, State Law changed the rules for the Greater Avenues for Independence (GAIN) Program by starting the Cal-Learn Program.

Your case has been selected by chance to be part of a group that will not get Cal-Learn services.

Here's why:

The law says we must check to see how new rules work.

In Los Angeles, Alameda, San Joaquin and San Bernardino counties, Cal-Learn teen parents are divided into the following two groups:

1. Those that get services under the Cal-Learn Program.
2. Those that will not get services under the Cal-Learn Program.

We will gather information from members of these two groups to see how the Cal-Learn Program is working.

If you think this action is wrong, you may ask for a state hearing. The Cal-Learn Hearing Rights form is on the back of this notice.

INSTRUCTION:

Use this NOA to inform teen parents who are eligible to participate in the Cal-Learn Program that they have been selected to be in the control group and will not get Cal-Learn services.

State of California
Department of Social Services

Manual Msg. No.: M42-766.67(CL)
Action : Inform
Reason : Ineligible
Title: Ineligible for Cal-Learn
Form No. : NA802
Effective Date : 03/01/94
Revision Date :

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite: 42-766.66

MESSAGE:

As of _____, the county is taking you out of the Cal-Learn Program.

Here's why:

- ☐ You turned 19 years of age and cannot be in the Cal-Learn Program anymore.
- ☐ You graduated from high school or its equivalent and cannot be in the Cal-Learn Program anymore.
- ☐ Your child is no longer in your AFDC assistance unit.
- ☐ You are no longer getting cash aid.
- ☐ Other:

We will not pay for Cal-Learn services such as child care or transportation any longer. We will not change your cash aid amount if your child is living with you.

You may be able to get into the GAIN program. To find out when you may participate and what must be done, contact _____.

INSTRUCTION:

Use this NOA to inform Cal-Learn teen parents that they are no longer eligible to participate in the Cal-Learn Program because the teen parent turned 19 years of age, the teen parent's child is no longer in the teen parent's AU, or the teen parent is no longer eligible to receive AFDC benefits.

On the "As of ____" line, enter the effective date.

Under the "Here's why" section, check all appropriate boxes. If the "Other" box is checked, specify the reason for the action.

This notice must be timely in accordance with MPP Section 22-022.

Issue this notice the same time as NOA M42-750E(CL). If you check the third box, you must also issue NOA M42-750D with this NOA.

grtelle/CAL.FORM/42766.67

State of California
Department of Social Services

Manual Msg. No.: M42-766.632
Action : Adequate
Reason : Progress
Title: Inform AU of Cal-Learn
Form No. : NA802
Effective Date : 03/01/94
Revision Date :
Regulation Cite: 42-769.1, 42-769.2, 42-769.3, 42-769.4

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite: 42-769.1, 42-769.2, 42-769.3, 42-769.4

MESSAGE:

This notice is being sent to you because you are a Cal-Learn participant or have a Cal-Learn teen parent in your assistance unit that can get a cash bonus or penalty based on report card grades.

The county has figured that for the report card period of _____ through _____, your AFDC grant will not change.

Here's why:

☐ _____ received grades of D average.

☐ Other:

You can call your Cal-Learn case manager if you think this notice is wrong.

INSTRUCTIONS:

Use this NOA to inform the caretaker relative and the Cal-learn teen parent that (1) the teen is making adequate progress; (2) the teen parent was participating in the Cal-Learn Program but is being exempted from the Cal-Learn Program based on the Cal-Learn exemption criteria; or (3) the teen parent was participating in the Cal-Learn Program but is being deferred from receiving a bonus or being subject to sanctions based on the Cal-Learn deferral criteria.

Enter the dates for the period of time that the AFDC grant will not change.

Under the "Here's why" section, check appropriate box(es) and complete other information as needed.

CAL LEARN HEARING RIGHTS

- o You have the right to ask for a hearing if you disagree with any County decision regarding your status (standing) in Cal Learn, your Cal Learn activity, or your Cal Learn supportive services.
- o Asking for a Cal Learn hearing will not affect your AFDC cash aid.
- o You only have 90 days to ask for a hearing.
- o The 90 days started the day after we gave or mailed you a notice.

WHILE YOU WAIT FOR A HEARING DECISION

If you disagree with the County's decision about your Cal Learn status or your Cal Learn activity:

- o You do not have to participate in Cal Learn.
- o You cannot come into the Cal Learn program if we have told you we cannot serve you.
- o You can keep going to an activity different from the one we referred you to, but we will not pay you any Cal Learn supportive services or give you any other Cal Learn services.

To get any Cal Learn supportive services payments, you must go to the Cal Learn activity the County has asked you to go to.

If you disagree with the County's decision about your supportive services payments, and you attend your approved Cal Learn activity, the County will pay supportive services as follows:

- o If we have told you your payments will be lowered, you will get the lower rate.
- o If we have told you your payments will be made in a different form, you will be paid in the different form.
- o If we have told you your payments will stop; you will not get any more payments, even if you go to your activity.

- o If we have denied payments before the hearing, you will not get the requested payments.

If the amount of supportive services the County pays while you wait for a hearing decision is not enough, you can stop going to your Cal Learn activity.

You may get free legal help at your local legal aid office or welfare rights group, or from the CCWRO.

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

If you are Deaf and use TDD, call 1-800-952-8349.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

☐ Cal Learn Status ☐ Cal Learn Activity
☐ Cal Learn Supportive Services ☐ Other (list) _____

Here's why:

I will bring this person to the hearing to help me
(name and address, if known):

I need an interpreter at no cost to me. My language or dialect is: _____

My name: _____

Address: _____

My signature: _____

Phone: _____ Date: _____

**CAL-LEARN PROGRAM
REPRODUCIBLE NOA MESSAGE DOCUMENTS**

These reproducible NOA message documents are to be used by counties in place of the NOA messages.

Refer to the NOA messages for instructions of when and how to complete these camera-ready NOA message documents.

- | | |
|-------------------------------------|--|
| 1. M42-750B (CAL-LEARN) (12/93) | Approve Child Care |
| 2. M42-750C (CAL-LEARN) (12/93) | Change Child Care |
| 3. M42-750D (CAL-LEARN) (12/93) | Deny Child Care
Payment/Increase |
| 4. M42-750E (CAL-LEARN) (12/93) | Discontinue Child Care/
Transportation |
| 5. M42-750F (CAL-LEARN) (12/93) | Approve Transportation |
| 6. M42-750G (CAL-LEARN) (12/93) | Change Transportation |
| 7. M42-750H (CAL-LEARN) (12/93) | Deny Transportation
Payment/Increase |
| 8. M42-750J (CAL-LEARN) (12/93) | Approve Ancillary Expenses |
| 9. M42-750K (CAL-LEARN) (12/93) | Deny Ancillary Expenses |
| 10. M42-750L (CAL-LEARN) (12/93) | Payment Adjustment Child
Care/Transportation |
| 11. M42-750O (CAL-LEARN) (12/93) | Extension of Child Care/
Transportation |
| 12. M42-750P (CAL-LEARN) (12/93) | Reduce Child Care/
Transportation/Payment/
Increase |
| 13. M42-750Q (CAL-LEARN) (12/93) | Overpayment of Child Care/
Transportation/Ancillary/
Payment Limit No Change |
| 14. M42-762.4 (CAL-LEARN) (1/94) | Control Group Notice |
| 15. M42-766.67 (CAL-LEARN) (1/94) | Ineligible for Cal-Learn |
| 16. M42-766.632 (CAL-LEARN) (12/93) | Adequate Progress Informing
Notice |

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

As of _____ until _____:

The County has approved your Cal-Learn child care. The most we will pay is _____ per _____.

The county will only pay child care for days you are attending your approved Cal-Learn activity: _____.

Your child care payment limit is figured on this notice.

Child care payment will be : ☐ Paid to your provider
☐ Paid back to you ☐ Advanced to you
☐ Other:

☐ Because your Cal-Learn activity is less than 30 days, you will not get another notice telling you when your payments end.

YOU MUST TELL US BEFORE YOU CHANGE CHILD CARE PROVIDERS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY THE NEW PROVIDER.

Child(ren): _____
Child care for children not listed here stays the same.

\$ _____ rate

X _____ ☐ hours ☐ days ☐ weeks ☐ month

= \$ _____ per _____

Provider name: _____

Child(ren): _____
Child care for children not listed here stays the same.

\$ _____ rate

X _____ ☐ hours ☐ days ☐ weeks ☐ month

= \$ _____ per _____

Provider name: _____

Child(ren): _____
Child care for children not listed here stays the same.

\$ _____ rate

X _____ ☐ hours ☐ days ☐ weeks ☐ month

= \$ _____ per _____

Provider name: _____

The rate is what your child care provider charges or the most we can pay based on your area's child care costs, whichever is less.

Rules: These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.2, 42-750.3, 42-750.6.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Cal-Learn Case Manager.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

As of _____ until _____:

- ☐ The county has changed the payment limit for your Cal-Learn child care from \$ _____ per _____ to \$ _____ per _____.
- ☐ The county has changed your payment method from _____ to _____.
- ☐ Your child care provider has changed. Your child care at _____ has been paid through _____. Payment for _____ starts after that date.

The county will only pay child care for days you are attending your approved CAL-LEARN activity: _____.

Here's why:

- ☐ Your child care rate changed.
- ☐ Your child care hours changed.
- ☐ You asked for this change.
- ☐ Other:

Your new child care payment limit is figured on this notice.

- ☐ Because your Cal-Learn activity is less than 30 days, you will not get another notice telling you when your payments end.

YOU MUST TELL US BEFORE YOU CHANGE CHILD CARE PROVIDERS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY THE NEW PROVIDER.

You can also call your Cal-Learn case manager if you think this notice is wrong.

Rules: These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.2, 42-750.3, 42-750.6.

Child(ren): _____
Child care for children not listed here stay the same.

\$ _____ rate

X _____ ☐ hours ☐ days ☐ weeks ☐ month

= \$ _____ per _____

Provider name: _____.

Child(ren): _____
Child care for children not listed here stays the same.

\$ _____ rate

X _____ ☐ hours ☐ days ☐ weeks ☐ month

= \$ _____ per _____

Provider name: _____.

Child(ren): _____
Child care for children not listed here stays the same.

\$ _____ rate

X _____ ☐ hours ☐ days ☐ weeks ☐ month

= \$ _____ per _____

Provider name: _____.

The rate is what your child care provider charges or the most we can pay based on your area's child care costs, whichever is less.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Cal-Learn Case Manager.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

As of _____:

- ☐ Payment for your Cal-Learn child care with _____ is denied.
- ☐ Your request to raise your Cal-Learn child care payment limit is denied.

Here's why:

- ☐ You are not in an approved Cal-Learn activity.
- ☐ You are already getting the most the county can pay based on your area's child care costs.
- ☐ The Cal-Learn child care you asked for is not needed to attend your approved Cal-Learn activity: _____.
- ☐ Your child _____ is not in your AFDC assistance unit and is not receiving federal foster care, or SSI/SSP payments.
- ☐ The child care provider you wanted must have a license but does not have one.
- ☐ The child care provider is not 18 years of age or older.
- ☐ The child care provider is your child's parent, legal guardian, or a member of your AFDC assistance unit.
- ☐ You have not provided us records that show your aided child _____, has a physical or mental condition that requires special care.
- ☐ Other:

You can also call your Cal-Learn case manager if you think this notice is wrong.

Rules: These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.2, 42-750.3,

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Cal-Learn Case Manager.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

As of _____:

- ☐ Payment for your Cal-Learn child care will stop.
- ☐ Payment for your Cal-Learn transportation will stop.

Here's why:

- ☐ You are no longer a Cal-Learn participant.
- ☐ You moved out of this county.
- ☐ You went off cash aid.
- ☐ Your child _____ is no longer in your AFDC assistance unit.
- ☐ Your child(ren) no longer need(s) child care.
- ☐ Your child care provider is your child's parent, legal guardian, or a member of your AFDC assistance unit.
- ☐ Other:

You can also call your Cal-Learn case manager if you think this notice is wrong.

Rules: These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.2, 42-750.3, 42-750.4

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Cal-Learn Case Manager.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

As of _____ until _____:

- ☐ The county has approved your Cal-Learn transportation. The most we can pay is \$ _____ for a total of _____ miles per _____.
- ☐ The county has approved \$ _____ per _____ based on public transportation rates.
- ☐ The county has approved bus passes or tickets for a total of _____ per _____.
- ☐ The county will provide you with Cal-Learn transportation.

Here's why,

The county will only pay for transportation while you are going to your approved Cal-Learn activity _____.

Your transportation payment limit is figured on this notice.

Mileage can be paid only if there is no public transportation available, or it costs the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to get you from your home to your Cal-Learn assignment on time. You cannot count time to go to and from your child's school or child care. If you drive your car even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is lower.

Your transportation payments will be ☐ Advanced to you

☐ Paid back to you ☐ Paid to your transportation provider

☐ Other:

- ☐ Because your Cal-Learn assignment activity is less than 30 days, you will not get another notice telling you when your payments end.

YOU MUST TELL US BEFORE YOU CHANGE YOUR TRANSPORTATION ARRANGEMENTS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY FOR THE NEW ARRANGEMENTS.

You can also call your Cal-Learn case manager if you think this notice is wrong.

Rules: These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.4, 42-750.6.

- ☐ public transportation

X _____ rate
_____ per _____
= \$ _____

- ☐ your car's mileage

X _____ rate
_____ per _____
X _____ miles
= \$ _____

- ☐ parking

\$ _____ ☐ month ☐ school term ☐ other

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Cal-Learn Case Manager.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

As of _____ until _____:

- ☐ The county has changed your Cal-Learn transportation limit from \$ _____ to \$ _____ for a total of _____ miles per _____.
- ☐ The county has changed your payment limit from \$ _____ to \$ _____ per _____ based on public transportation rates.
- ☐ The county has changed your bus tickets from _____ to _____ per _____.
- ☐ The county has changed your payment method from _____ to _____.

Here's why:

- ☐ Your mileage rate changed.
- ☐ Your mileage changed.
- ☐ The public transportation rate changed.
- ☐ Public transportation is available which takes less than one hour to get you to your approved Cal-Learn activity on time.
- ☐ Other:

Your transportation payment limit is figured on this notice:

Mileage can be paid only if there is no public transportation available, or it cost the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to get you from your home to your Cal-Learn activity on time. You cannot count time to go to and from your child's school or child care. If you drive your car even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is lower.

Your transportation payments will be: ☐ Advanced to you ☐ Paid back to you ☐ Paid to your transportation provider ☐ Other:

- ☐ Because your Cal-Learn activity is less than 30 days, you will not get another notice telling you when your payments end.

YOU MUST TELL US BEFORE YOU CHANGE YOUR TRANSPORTATION ARRANGEMENTS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY FOR THE NEW ARRANGEMENTS.

You can also call your Cal-Learn case manager if you think this notice is wrong.

Rules: These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.4, 42-750.6.

- ☐ public transportation

_____ rate
X _____ per _____
= \$ _____

- ☐ your car's mileage

_____ rate
X _____ per _____
X _____ miles
= \$ _____

- ☐ parking

\$ _____ ☐ month ☐ school term ☐ other

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Cal-Learn Case Manager.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

As of _____:

The Cal-Learn transportation: ☐ payment ☐ increase
you asked for is denied.

Here's why:

- ☐ You are already getting as much as the county can pay because:
 - ☐ the maximum mileage rate is: \$ _____
per _____.
 - ☐ public transportation is available.
 - ☐ Cal-Learn transportation is available.
- ☐ You are not in an approved Cal-Learn activity.
- ☐ The transportation you asked for is not needed to attend your approved Cal-Learn activity.
- ☐ Other:

You can also call your Cal-Learn case manager if you think this notice is wrong.

Rules: These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.4

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

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Questions? Ask your Cal-Learn Case Manager.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

As of _____, the county has approved your request for payment of the following items needed for your approved Cal-Learn activity:

Item	Cost	Item	Cost
_____	\$ _____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total	\$ _____

Your payments will be: ☐ Advanced to you ☐ Paid back to you
☐ Paid to the store ☐ Paid to the school ☐ Other:
☐ The following items you asked for were not approved for payment:

Item	Item
_____	_____
_____	_____

Here's why:

- ☐ The cost is not necessary because: _____

- ☐ You do not need _____ for your Cal-Learn activity because: _____
- ☐ Other: _____

Rules: These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.5, 42-750.6

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)



Questions? Ask your Cal-Learn Case Manager.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

As of _____, the county has denied your request for payment of the following items:

Item	Item
_____	_____
_____	_____
_____	_____

Here's why:

- ☐ You are not in an approved Cal-Learn activity.
- ☐ The cost is not necessary for your Cal-Learn participation because: _____
- ☐ You do not need these items for your Cal-Learn activity: _____
- ☐ Other: _____

You can call your Cal-Learn Case Manager if you think this notice is wrong.

Rules: These rules apply; you may review them at your GAIN office: MPP 42-750.1, 42-750.4

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Cal-Learn Case Manager.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

As of _____, your payment for Cal-Learn:

☐ child care ☐ transportation for _____ is \$ _____. This amount is less than what you asked for.

Here's why:

- ☐ You did not attend your approved Cal-Learn assignment on all the _____ days ☐ hours you asked for Cal-Learn payments.
- ☐ You asked for payment for _____ child care hours, but we can only pay for _____ child care hours because: _____.
- ☐ You asked for _____ miles, but we can only pay for _____ miles because: _____.
- ☐ Other: _____

Your ☐ child care payment ☐ transportation payment is figured on this notice:

Mileage can be paid only if there is no public transportation available, or it cost the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to get you from your home to your Cal-Learn assignment on time. You cannot count time to go to and from your child's school or child care. If you drive your car even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is lower.

Your ☐ child care ☐ transportation payment will be ☐ advanced to you ☐ paid back to you ☐ paid to your childcare/transportation provider ☐ other: _____

You must tell us before you change your child care or transportation arrangements except in an emergency or we may not be able to approve and pay for the new arrangements.

You can also call your Cal-Learn worker if you think this notice is wrong.

Rules: These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.2, 42-750.3, 42-750.4, 42-750.6

CHILD CARE:

Child(ren): _____

Child care for children not listed here stays the same.

\$ _____ rate
X _____ ☐ hours ☐ days ☐ weeks ☐ month
= \$ _____ per _____

Child(ren): _____

Child care for children not listed here stays the same.

\$ _____ rate
X _____ ☐ hours ☐ days ☐ weeks ☐ month
= \$ _____ per _____

Child(ren): _____

Child care for children not listed here stays the same.

\$ _____ rate
X _____ ☐ hours ☐ days ☐ weeks ☐ month
= \$ _____ per _____

TRANSPORTATION:

☐ public transportation

_____ rate
X _____ per _____
= \$ _____

☐ your car's mileage

_____ rate
X _____ per _____
X _____ miles
= \$ _____

☐ parking

\$ _____ ☐ month ☐ school term ☐ other

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

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Questions? Ask your Cal-Learn Case Manager.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

As of _____:

☐ Your Cal-Learn child care has been extended until _____.

☐ Your Cal-Learn transportation has been extended until _____.

Nothing about your approved supportive services has changed except the date your payment ends.

☐ Because the extension is less than 30 days, this is the only notice you will get telling you about the extension.

Here's why:

☐ Your approved Cal-Learn activity _____ is continuing.

☐ We are paying for your child care space so that it will be there when the next school semester starts.

☐ Other:

Rules: These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.2, 42-750.3, 42-750.4

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Cal-Learn Case Manager.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

As of _____, your payment for Cal-Learn:

- ☐ child care ☐ transportation ☐ educational related expenses will be \$ _____. This amount is less than what you asked for.

Here's why:

You have to pay us back any money we advance to you that you do not use to pay for Cal-Learn expenses.

- ☐ The proof of costs shows that you did not use all of your advance for _____.
☐ You failed to give us proof of costs by the 10th of this month. You must give us _____.
☐ Other:

Payment for your: ☐ child care ☐ transportation

☐ educational related expenses is figured on this notice.

Call your Cal-Learn worker if this adjusted payment means you will not be able to stay in your Cal-Learn assignment, if you will have to change the child care provider you have now or if you will not be able to attend your Cal-Learn assignment.

CALL YOUR CAL-LEARN WORKER IF YOU THINK THIS NOTICE IS WRONG. ALSO, YOU MAY ASK FOR A STATE HEARING, "YOUR CAL-LEARN HEARING RIGHTS" FORM TELLS YOU HOW TO ASK FOR A STATE HEARING.

Rules: These rules apply. You may review them at your welfare office: MPP 42-750, 42-750.3, 42-750.4, 42-750.6, 42-751.44

CHILD CARE:

- ☐ Your payment of \$ _____ for this month will be adjusted effective _____ as follows:

\$ _____ your actual advance payment for _____.

- _____ your actual costs for that month

= \$ _____ unused advance

\$ _____ amount requested

- _____ unused advance

= \$ _____ adjusted payment

TRANSPORTATION:

- ☐ Your payment of \$ _____ for this month will be adjusted effective _____ as follows:

\$ _____ your actual advance payment for _____.

- _____ your actual costs that month

= \$ _____ unused advance

\$ _____ amount requested

- _____ unused advance

= \$ _____ adjusted payment

EDUCATIONAL RELATED EXPENSES:

- ☐ Your payment of \$ _____ for this month will be adjusted effective _____ as follows:

\$ _____ your actual advance payment for _____.

- _____ your actual costs that month

= \$ _____ unused advance

\$ _____ amount requested

- _____ unused advance

= \$ _____ adjusted payment

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Cal-Learn Case Manager.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

As of _____ your payment for Cal-Learn:
☐ child care ☐ transportation ☐ educational related expenses for _____ is \$ _____. This amount is less than what you asked. Your payment limit has not changed.

Here's why:

- ☐ You have to pay us back any money we advance to you that you do not use to pay for Cal-Learn supportive services expenses. We subtracted that portion of your advance payment that was not used to pay for Cal-Learn supportive services.
- ☐ We subtracted the amount listed in your Cal-Learn overpayment agreement notice dated _____.
- ☐ We subtracted the amount we figured we need to take to adjust your overpayment. We told you about this in your Cal-Learn overpayment notice dated _____.
- ☐ Other:

Your ☐ child care ☐ transportation ☐ educational related limit is figured on this notice.

Mileage can be paid only if there is no public transportation available or it costs the same as or less than public transportation. Public transportation is available when it takes no more than two hours round trip for you to get from your home to your Cal-Learn activity on time. You cannot count time to go to and from your child's school or child care. If you drive your car even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is less.

Call your Cal-Learn case manager if this adjusted payment means you will not be able to stay in your Cal-Learn activity, or if it means you will have to change the child care provider you have now.

Rules: These rules apply. You may review them at your welfare office: MPP 42-750, 42-750.6, 42-751.

CHILD CARE:

- ☐ Your payment of \$ _____ for _____ has been adjusted effective as follows:
\$ _____ your actual advance payment for _____
- _____ your actual costs for that month
= _____ unused advance
\$ _____ amount requested for _____
- _____ unused advance
= _____ adjusted payment

TRANSPORTATION:

- ☐ Your payment of \$ _____ for _____ has been adjusted effective as follows:
\$ _____ your actual advance payment for _____
- _____ your actual costs for that month
= _____ unused advance
\$ _____ amount requested for _____
- _____ unused advance
= _____ adjusted payment

EDUCATIONAL RELATED EXPENSES:

- ☐ Your payment of \$ _____ for _____ has been adjusted effective as follows:
\$ _____ your actual advance payment for _____
- _____ your actual costs for that month
= _____ unused advance
\$ _____ amount requested for _____
- _____ unused advance
= _____ adjusted payment

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your worker.

State Hearing: If you think this action is wrong, you may ask for a hearing. The Cal-Learn hearing rights information on the back of this form tells you how.

As of January 1, 1994 State Law changed the rules for the Greater Avenues for Independence (GAIN) Program by establishing a Cal-Learn Program.

Your case has been selected by chance to be part of a group that will not get Cal-Learn services.

Here's why:

The law says we must check to see how new rules work.

In Los Angeles, Alameda, San Joaquin and San Bernardino counties, Cal-Learn teen parents are divided into the following two groups:

1. Those that receives services under the Cal-Learn Program.
2. Those that will not receive services under the Cal-Learn Program.

We will gather information from members of these two groups to see how the Cal-Learn Program is working.

If you think this action is wrong, you may ask for a state hearing. The Cal-Learn Hearing Rights form is on the back of this notice.

Rules: These rules apply. You may review them at your welfare office: MPP 42-762.4.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Cal-Learn Case Manager.

State Hearing: If you think this action is wrong, you may ask for a hearing. The Cal-Learn hearing rights information on the back of this form tells you how. You can also call your Cal-Learn Case Manager if you think this notice is wrong.

As of _____, the county is taking you out of the Cal-Learn Program.

Here's why:

- ☐ You turned 19 years of age and cannot be in the Cal-Learn program anymore.
- ☐ You graduated from high school or it's equivalent and cannot be in the Cal-Learn program anymore.
- ☐ Your child is no longer in your AFDC assistance unit.
- ☐ You are no longer getting cash aid.
- ☐ Other

We will not pay for Cal-Learn services such as child care or transportation any longer. We will not change your cash aid amount, if your child is living with you.

You may be able to get into the GAIN program. To find out when you may participate and what must be done, contact _____.

Rules: These rules apply. You may review them at your welfare office: MPP 42-766.67.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

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Questions? Ask your Cal-Learn Case Manager.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

This notice is being sent to you because you are a Cal-Learn participant or have a Cal-Learn teen parent in your assistance unit that can get a cash bonus or penalty based on report card grades.

The county has figured that for the report card period of _____ through _____ your AFDC grant will not change.

Here's why:

☐ _____ received grades of D average.

☐ Other: _____

You can call your Cal-Learn case manager if you think this notice is wrong.

Rules: These rules apply. You may review them at your welfare office: MPP 42-766.632.

CAL-LEARN PROGRAM

AFDC/CAL-LEARN NOA MESSAGE DOCUMENTS

1. M42-769 (AFDC) (1/1/94) Approve Cal-Learn bonus
2. M42-769A (AFDC) (1/1/94) Apply Cal-Learn \$100 Sanction
3. M42-769B (AFDC) (1/1/94) Apply Cal-Learn \$50 Sanction
4. M42-769C (AFDC) (1/1/94) Stop Cal-Learn Sanction

Counties are to file these NOAs in Section 6 of the AFDC NOA Hnadbook and remove sections that are obsolete.

State of California
Department of Social Services

Noa Msg Doc No.: M42-769
Action : Approve
Issue: Cal-Learn Bonus
Title: Approve Bonus
Use Form No. : NA 290
Original Date : 01-01-94
Revision Date : 09-01-94

Auto ID No.:
Source :
Issued by : ACL 94-16
Reg Cite : M42-769

MESSAGE:

The County has approved a Cal-Learn Bonus of
\$_____ as a supplement to your cash aid for
the month of _____, 19___. The bonus
is for _____, who is in Cal-Learn.

Here's why:

The county received a report showing school
progress for this person for the report card
period ending _____. Based on this
report:

- ☐ For satisfactory school progress, your
family is getting a \$100 bonus.
- ☐ For graduation from school, you are
getting a \$500 bonus.

INSTRUCTIONS: Use this noa to grant a Cal-Learn bonus for satisfactory school
progress or for school graduation.

- o The noa for the \$500.00 bonus will be addressed and mailed to the graduate
whether or not he or she is still in the assistance unit.
- o Enter the amount of the bonus, the cash aid month supplemented by the bonus,
and the name of the person that earned the bonus.
- o Enter the date of the end of the report card period.
- o Check the appropriate box.

This page replaces M42-769 dated 01-01-94.

file : wpjhone/l.m.docs/sm42769.94 94.08.25

State of California
Department of Social Services

Noa Msg Doc No.: M42-769A Page 1 of 2
Action : Change
Issue: Cal-Learn Penalty
Title: Apply \$100 Penalty
Use Form No. : NA 200
Original Date : 01-01-94
Revision Date : 09-01-94

Auto ID No.:
Source :
Issued by : ACL 94-16
Reg Cite : M42-769, M42-766

MESSAGE:

As of _____, the County is
changing your cash aid from \$_____ to
\$_____. This change is TEMPORARY.

☐ Your aid will CHANGE BACK to the old
amount as follows: As of _____,
the County is changing your cash aid
from \$_____ to \$_____. This is the
only notice you will get of the change
back to the old amount.

☐ You will get another notice before your
cash aid changes again.

Here's why your aid is changing:

_____ is in Cal-Learn and
was required to submit a school report card
for the period ending _____.

There is a \$100 penalty that lowers your
cash aid by \$50 for each of the next two
months because:

☐ There wasn't a good reason for the
unsatisfactory school progress shown on
the report card.

☐ We didn't receive the report card by
the end of the 10-day reasonable effort
period.

Your new aid amount is figured on this page.

Original Date : 01-01-94

Revision Date : 09-01-94

INSTRUCTIONS: Use this message to apply a \$100 Cal-Learn penalty.

Also, this message can be used, when appropriate, to change aid back to the original amount using the first check box.

- o Fill in the effective date of the change, the old aid amount, and the new aid amount.
- o First Check Box: Check this box and fill in the blanks when the county determines in advance that aid will change back to the old amount.
- o Second Check Box: Check this box when the county determines not to check the first box.
- o Fill in the name of the Cal-Learn participant and the ending date of the school report card period on which the action is based.
- o Third and Fourth Check Boxes: Check the applicable box(es).
- o NA 200, Aid Computation, Section B: Enter the \$50 monthly amount of the penalty on Line 10a, Cal-Learn Penalty.

This Noa Msg Doc replaces M42-769A dated 01-01-94.

file : wpjhone/l.m.docs/sm42769a94 94.08.25

State of California
Department of Social Services

Noa Msg Doc No.: M42-769B Page 1 of 2
Action : Change
Issue: Cal-Learn Penalty
Title: Apply \$50 Penalty
Use Form No. : NA 200
Original Date : 01-01-94
Revision Date : 09-01-94

Auto ID No.:
Source :
Issued by : ACL 94-16
Reg Cite : M42-769, M42-766

MESSAGE:

As of _____, the County is
changing your cash aid from \$_____ to
\$_____. This change is TEMPORARY.

☐ Your aid will CHANGE BACK to the old
amount as follows: As of _____,
the County is changing your cash aid
from \$_____ to \$_____. This is the
only notice you will get of the change
back to the old amount.

☐ You will get another notice before your
cash aid changes again.

Here's why your aid is changing:

_____ is in Cal-Learn and
was required to submit a school report card
for the period ending _____.

There is a \$50 penalty that lowers your cash
aid by \$25 for each of the next two months
because:

☐ Although the report card showed
satisfactory school progress, we got it
late, and you did not have a good
reason for being late.

☐ Although you gave a good reason for
unsatisfactory school progress, we got
your report card late, and you did not
have a good reason for being late.

Your new aid amount is figured on this page.

INSTRUCTIONS: Use this message to apply a \$50 Cal-Learn penalty.

Also, this message can be used, when appropriate, to change aid back to the original amount using the first check box.

- o Fill in the effective date of the change, the old aid amount, and the new aid amount.
- o First Check Box: Check this box and fill in the blanks when the county determines in advance that aid will change back to the old amount.
- o Second Check Box: Check this box when the county determines not to check the first box.
- o Fill in the name of the Cal-Learn participant and the ending date of the school report card period on which the action is based.
- o Third and Fourth Check Boxes: Check the applicable box.
- o NA 200, Aid Computation, Section B: Enter the \$25 monthly amount of the penalty on Line 10a, Cal-Learn Penalty.

This Noa Msg Doc replaces M42-769B dated 01-01-94.

file : wpjhone/l.m.docs/sm42769b94 94.08.25

State of California
Department of Social Services

Noa Msg Doc No.: M42-769C
Action : Change
Issue: Cal-Learn Penalty
Title: Stop Penalty
Use Form No. : NA 200
Original Date : 01-01-94
Revision Date : 09-01-94

Auto ID No.:
Source :
Issued by : ACL 94-16
Reg Cite : M42-769

MESSAGE:

As of _____, the County is
changing your cash aid from \$_____ to
\$_____.

Here's why:

The temporary Cal-Learn penalty that lowered
your cash aid is stopping.

Your new cash aid amount is figured on this
page.

INSTRUCTIONS: Use this noa to change aid because a Cal-Learn penalty already
implemented is stopping - and the client has not already received a noa stopping the
penalty.

To complete the noa, fill in the effective date of the change, the old aid amount
and the new aid amount.

This page replaces M42-769C dated 01-01-94.

file : wpjhone/l.m.docs/m42769c94 94.08.22